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### **COVER LETTER**

TO: Registration Se , Division of Cor		<i>p</i> • • • • • • • • • • • • • • • • • • •	
sußject:S	secialty Truck	Parts of Flon	da
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jor	dan T Blake Name of Person	
		y Truck Parts of	Florida
		msden Rd # 223	
	<u>Brando</u>	1 FL 33511 City/State and Zip Code	
	Jordan Bl E-mail address: (	ake 112000@gma	il.com
For further information c	oncerning this matter, please co	all:	
<u>Jordan</u> Name o	T Blake f Person	at ( <u>704</u> ) <u>701 - 8</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
<b>X</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Specialty Truck Part  (Name of the Limited Liability Compan (A Florida Limited L	s of Flonda LLC  y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1900027824</u> .	were filed on 1/28/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LEC" or the abbyviates "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	
	ASSEE. 9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
**************************************	, Florida
	City Zip Code
w Registered Agent's Signature, if changing Registered Agent.	

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ipany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>ngr</u>	Jordan T Blake	11129 Hartford Fern Dr Rivernew, FC 33569	Add
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			Change
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reffec <u>te:</u> T	e date, if other than the date of filing: (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
reco he s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ed _	
_	Joech Blowe Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Jordan Blake  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00