

Note: Please print this page and use it as a cover sheet. Type the fax audit multiber (shown below) on the top and bottom of all pages of the document.

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To:	-1.1.1 6.4		
	Division of Corporations		
	Fax Number : (850)617-6383	• •	-
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Erom:			
11 0141	Account Name : LAZARUS CORPORATE FI	LING SERVICE, INC.	<u> </u>
	Account Number : I20000000019	-	
	Phone : (3 0 5)552-5973		(
	Fax Number : (305)675-5944		
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*Enter	the email address for this business ent	ity to be used for futur	'ne ૅ
	nual report mailings. Enter only one em		7.0

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH ID PARTS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH ID PAR	TS LLC	
(Name of the Limited Liability Compan (A Piorida Limited Li	iv as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/18/2019	and assigned
Florida document number L19000152493		
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 "Ulmited Liabili	ty Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	· 	2019
(Principal office address MUST BE A STREET ADDRESS)		
		17,545
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		<u>. ω</u>
		- 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

If Changing Registered Agent, Signature of New Registered Agent

__ Change

If amending 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>	Address	Type of Action
MGRM	MARCOS MARTINS MENDES	2051 NW 112 AVENUE	₩ Add
		SUITB 123	
			□ Remove
		MIAMI FLORIDA 33172	Change
MGRM	ROBERTO AZEVEDO DE VASCONCELOS MELO	2051 NW 112 AVENUE	
		SUTTE 123	Add
		MIAMI FLORIDA 33172	
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fective date, if other than the effective date is listed, the date mater. If the date inserted in this incument's effective date on the	ust be specific and connot b block does not meet the :	e prior to date of tiling or applicable statutory fil	inore than 90 days after till	.l) 15) Pursunnt to 605 13 will not be liste	.0207 ed as
record specifies a delay The 90th day after the re	ed effective date, buscord is filed.	ut not an effective	e time, at 12:01 a.m	on the earlie	ar of
ated 9-13-	, 2019	······································			
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	Signature of a member of	or authorized rapresentati	ve of a member		