

19000 213 056

\_\_\_\_\_ (Requestor's Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

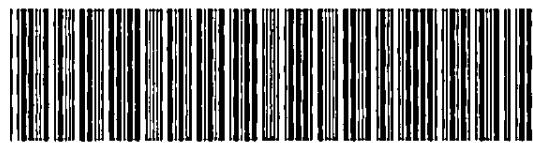
\_\_\_\_\_ (Business Entity Name)

\_\_\_\_\_ (Document Number)

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FLORIDA DIVISION OF  
BUREAU OF  
TALLAHASSEE, FLORIDA

FILED

2020 MAY 22 PM 7:54

6/16/20  
6/16/20

# COVER LETTER

TO: Registration Section  
Division of Corporations

Subject: Your Realm - Your Ride Parts, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank McGrath

Name of Person

Your Realm - Your Ride Parts, LLC

Firm/Company

406 Ocean Ct

Address

Clearwater, FL 33756

City/State and Zip Code

frankmcgrath@gmail.com

mcgrathfa@gmail.com

E-mail address: (to be used for future annual report notification)

Frm

For further information concerning this matter, please call:

Frank McGrath

727 906-5797

at (

Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION,  
OF  
FILED**

Your Realm - Your Ride Parts, LLC

2020 MAY 22 PM 7:54

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

, STATE OF FLORIDA

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/20/2019 and assigned Florida document number L19000213056.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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New Registered Office Address:

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Enter Florida street address

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City

, Florida

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

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sean Norris	226 Emerald Lane Largo, FL 33771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Laura McGrath	1866 Alberta Dr Clearwater, FL 33756	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

**E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: 8/20/2019 (optional)

**EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING.** \_\_\_\_\_ (optional)  
(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05 /19 / 2020

~~Signature of a member or authorized representative of a member~~

Frank McGrath

Typed or printed name of signee

Filing Fee: \$25.00