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COVER LETTER

iorris b	LACK AUTOPARTS, LLC.		
	Name of Lim	ited Liability Company	
rticles of z	Amendment and fee(s) are sub	mitted for filing.	
Leorrespoi	ndence concerning this matter	to the following:	
	OSCAR J. RODRIGUES I	DE CAIRES	
		Name of Person	
	MORRIS BLACK AUTO	PARTS, LLC.	
		Firm/Company	
	10776 NW 21 STREET SU	JUTE 130	
		Address	
	DORAL, FL 33173		
		City/State and Zip Code	
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DRIGUES	DE CAIRES	305 330-9940	
Name of	Person	Area Code Daytin	ne Telephone Number
heck for th	e following amount:		
ng 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 radditional copy is enclosed)
		<u>Street Address:</u> Registration Sc	ection
Division of Corporations		Division of Co	rporations
			Fallahassee oc Street, Suite 810
	ornicles of z I corresponding Address Stration Strion of C Box 632	DORAL, FL 33173 alain@elincometax.com E-mail address: tormation concerning this matter, please of DRIGUES DE CAIRES Name of Person beck for the following amount: ng Fee	IORRIS BLACK AUTOPARTS, LLC. Name of Limited Liability Company reticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: OSCAR J. RODRIGUES DE CAIRES Name of Person MORRIS BLACK AUTOPARTS, LLC. Firm/Company 10776 NW 21 STREET SUITE 130 Address DORAL, FL 33173 City/State and Zip Code alain@elincometax.com E-mail address: tto be used for future annual report not ormation concerning this matter, please call: DRIGUES DE CAIRES Name of Person Area Code Obytin heck for the following amount: ng Fee Sol.00 Filing Fee & Certified Copy (additional copy is enclosed) ng Address: Street Address: Stration Section Registration Section Good Of Corporations Division of Co- Box 6327 The Centre of The

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORRIS BLACK AUTOPARTS, LLC.		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
	, , ,	
The Articles of Organization for this Limited Liability C	Company were filed on 11/14/2019	and assigned
Florida document number L19000284296		
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
<u> </u>		2020 Sec
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	ne abbreviation "L
Enter new principal offices address, if applicable:		-
		// 0
(Principal office address MUST BE A STREET ADD)	RESS)	
		$\mathbb{P} \mathbb{Z}_{-\omega}$
P (P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		mi —
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		•
B. If amending the registered agent and/or registere	d affice address on our records, enter the r	rame of the new registers
agent and/or the new registered office address here:	of the address on the records, enter the	inne of the new registere
Name of New Registered Agent:		-
Many Danistana (200 c. A. 13 c		
New Registered Office Address:	Enter Florida street address	
	The state of the s	
	, 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

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
MGR	JORGE EDUARDO RODRIGUES	10776 NW 21 STREET SUITE 130	□Add
		DORAL, FL 33173	■Remove
			□Change
MGRM	OSCAR J. RODRIGUES DE CAIR	10776 NW 21 STREET SUITE 130	□Add
		DORAL, FL 33173	□Remove
			2 2 C hange
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Effective date, if other than the date of fill If an effective date is listed, the date must be specific	ling: 01/01/2020	to date of tiling or p		ional)	15 0207 . 3
Note: If the date inserted in this block does no document's effective date on the Department of	of meet the applica	ible statutory filin	g requirements, th	is date will not be lis	sted as th
assument a circuite date on the isepartment	records.				
he record specifies a delayed effective The 90th day after the record is file		t an effective t	ime, at 12:01	a.m. on the earl	ier of:
JANUARY, 1st Dated	2020				
	_ ·				
Signature	La member or autho	rized representative	of a member		
OSCAR J. RODRIGUES DE CAIE		ca representative	a menter		

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