L7000012434

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COVER LETTER

TO: Registration S Division of Co			
	D PARTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HEIDEGGER B MONCA	ADA GONZALEZ	
		Name of Person	
	3M AUTO PARTS LLC		
		Firm/Company	
	2704 Edgewater Ct		
		Address	; (A)
	Weston, FL 33332		
	accounting@amtazserv.net	City/State and Zip Code	PH 3: 48
	E-mail address: (to be used for future annual report not	
For further information	concerning this matter, please c	all:	
Livan Leyva		33184 3052286770	
Name	of Person	Area Code Daytin	ne Telephone Number
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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	vetion
Registration Division of 0	Section Corporations	Registration Se Division of Co	
P.O. Box 63	27	The Centre of T	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3M AUTO PARTS ELC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
'he Articles of Organization for this Limited Liability Company	were filed on 01/06/2020	and assigned
Florida document number 1.20000012434		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
MMM AUTO PARTS LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:	2704 Edgewater CtWeston, FL 33332	
Principal office address MUST BE A STREET ADDRESS)	<u></u>	<u> </u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	2704 Edgewater CtWeston, FL 33332	H 3: 48
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	nddress on our records, enter the name	of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
	-		☐ Change
			□Add
			☐Remove
			Change Change Change Change Change Change Change Change Change Change
			FLATE BRemove
			□Add
		□Remove	
			□Change
		<u> </u>	□Add
			□Remove

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ective date, if other than the effective date is listed, the date muse. If the date inserted in this blument's effective date on the December 2.	date of filing: st be specific and cannot be prior to date of fil ock does not meet the applicable statute epartment of State's records.	(optional) ling or more than 90 days after filing.) F ory filing requirements, this date w	tursuant to 605.020 ill not be fisted as
cord specifies a delayed effectiv filed.	e date, but not an effective time, at 12:0	If a.m. on the earlier of: (b) The	90th day after the
o7/23/2024	11:47 AM		
	JA Roll		

Filing Fee: \$25.00