LZ0000 115595

(F	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
([Document Number)	
Certified Copies	Certificates	of Status
Special Instructions t	to Filing Officer:	

Office Use Only



400352857964

10/05/20--01015--027 **60.00

O SIMMONS NOV 10 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Premier Auto Peirls Circup 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:
RCMAKI CCIMARGO Name of Person
Premier Auto Parts Circup LLC.
2430 Nassau Dr.
Miramar Fl 33023
City/State and Zip Code The Premierauto parts . 9079 E-mail address: the be used for future annual report notification)
For further information concerning this matter, please call:
POPOIO COMPOSS at (786) 389 - 3433 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

Premier Auto Ports Group LLC

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

(A Florida Limited Liability Company)

<u>Premier Auto L</u>	CHO CHOOP C				
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our regorus.)			
The Articles of Organization for this Limited Liability (Florida document number <u>L2000115595</u>		N 15± 2020 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	 -				
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	. <u>. </u>				
	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

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 7/21/00 - 1 7/1/2: 56 Type of Action **Title** <u>Name</u> **Address** 5251 NW 170th terr __ _ add MAR Alvaro Camargo Miam, FI 33055 XREMOVE ______ ___ ___ Change ____ □Change □Remove _ _ Remove ______ □Add _____ □Remove _____ □Change _____ Remove _____ □Change

					_		<u> </u>		īz. ~;	
							C		12. j	
								_		
								.		
				-						
	 _									
						_				
	- -									
										
							-			
			_							
									.	
Note:	tive date, if other than the date of fective date is listed, the date must be spec- If the date inserted in this block doc nent's effective date on the Departme	es not me	et the app	licable stat	ftiling or mo utory filing	re than 90 requirer	(optio) days after t ments, this	nat) iling.) Purs date will	suant to 605.0 not be listed	0207 (d as ti
e reco rd is f	rd specifies a delayed effective date, iled.	but not ar	n effectiv	e time, at 1	2:01 a.m. o	n the ear	lier of: (b)	The 90t	h day after	the
Dated	September 2 Bauent	25 <u>m</u>	20	<u> 20</u> .						
		//								
	(Bound) /	Man.	\bigcirc							
	- Inatu	in olamic	inber or at	ithorized re	oresentative (of a memi	жr			
	000-161	۱		<i>-</i>						
	177 N V 119 1 1 1	7 1/1/1	CWTY	1						

Filing Fee: \$25.00