## 000253109

| (Requestor's Name)                      |
|---|
| (Address)                               |
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| (Čity/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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C. GOLDEN SEP - 1 2020

## **COVER LETTER**

TO:

Registration Section

| Divisi  | ion of Cor              | porations   |  |   |
|---|-------------------------|---|--|---|
|   |                         | TOPARTS ELC                                       |  |   |
| SUBJECT: _                                    |                         | Name of Lin                                       | ited Liability Company   |   |
| The enclosed ?                                | Articles of             | Amendment and fee(s) are sub                      | AFERSACA  Name of Person  LC  Firm/Company  ET  Address  City/State and Zip Code  CIATES.COM  ess: (to be used for future annual report notification)  ase call:  at ( |   |
|   |                         | ondence concerning this matter                    |  |   |
|   | ·                       |   | •  |   |
|   |                         | MARIA FERNANDA FE                                 | RSACA  |   |
|   |                         |   | Name of Person   | <del></del>                               |
|   |                         | MFF SOLUTIONS LLC                                 |  |   |
|   |                         |   | Firm/Company   | 1-22-7-2                                  |
|   |                         | 142 NW 37TH STREET                                |  |   |
|   |                         |   | Address  |   |
|   |                         | MIAMI, FL 33127                                   |  |   |
|   |                         |   | City/State and Zip Code  | •   |
|   |                         | ADMIN@MFFASSOCIAT                                 |  |   |
| For further info                              | ormation c              | n-mail address: ( oncerning this matter, please c |  | nication)                                 |
|   |                         | -   |  |   |
| MARIA FERNANDA FERSACA  Name of Person        |                         |   |  |   |
|   | Name o                  | f Person  | Area Code Daytin   | ne Telephone Number                       |
| Enclosed is a c                               | heck for th             | ne following amount:                              |  |   |
| ≣ \$25.00 Fill                                | ing Fee                 | S30.00 Filing Fee & Certificate of Status         | Certified Copy   | Certificate of Status &<br>Certified Copy |
|   | ng Addres<br>stration S |   | <u>Street Address:</u><br>Registration Sc  | ection                                    |
| Registration Section Division of Corporations |                         |   | Division of Co   | rporations                                |
|   | Box 632                 | 7<br>-1. 32314                                    | The Centre of 7  | Fallahassee<br>be Street, Suite 810       |
| 1 4114  | コロロラブビビニ 「              | 4 - 2/42/17                                       | anto in biolic   | re oneen auniciona                        |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



202 11331 41 8:35

## MARC AUTOPARTS LLC

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

| The Articles of Organization for this Limited Li   | ability Company we   | re filed on AUGUST I                         | .8, 2020                               | _ and assigned                    |  |
|--|--|--|--|-----------------------------------|--|
| Florida document number 1.20000253109  |  |  |  |                                   |  |
| This amendment is submitted to amend the follo   | wing:  |  |  |                                   |  |
| A. If amending name, enter the new name of   | the limited fiabilit   | y company here:                              |  |                                   |  |
| The new name must be distinguishable and contain the wo  | ords "Limited Liability  | Company." the designation                    | 1"I.I.C" or the abbre                  | viation "L.L.C."                  |  |
| Enter new principal offices address, if applies  | able:  |  |  |                                   |  |
| (Principal office address MUST BE A STREE  | T ADDRESS)   |  |  |                                   |  |
|  | -  | <u> </u>                                     |  |                                   |  |
| Enter new mailing address, if applicable:  |  |  |  |                                   |  |
| (Mailing address MAY BE A POST OFFICE I  | -<br>BON)  |  |  |                                   |  |
|  | <del></del>  |  |  |                                   |  |
| B. If amending the registered agent and/or reagent and/or the new registered office addres   | •  | dress on our records,                        | enter the name o                       | f the new registered              |  |
| Name of New Registered Agent:  | MFF SOLUTION:  | SILC   |  |                                   |  |
| New Registered Office Address:   |  |  |  |                                   |  |
|  | Luter Florida sireet address   |  |  |                                   |  |
|  |  | Car  | Florida                                | <u> </u>                          |  |
| New Registered Agent's Signature, if changing R  | tegistered Agent:  | City   |  | Zip Code                          |  |
| I hereby accept the appointment as registered<br>provisions of all statutes relative to the prope<br>accept the obligations of my position as regis<br>being filed to merely reflect a change in the r<br>company has been notified in writing of this c | I agent and agree<br>or and complete pe<br>stered agent as pro<br>registered office ac | rformance of my duti<br>wided for in Chapter | ies, and Lam fam<br>605, F.S. Or. if t | iliar with and<br>his document is |  |

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          | MARIA F. FERSACA | 55 SE 6TH STREET UNIT 1506     | <b>=</b> Add    |
|              |                  | MIAMI, FL 33131                | □Remove         |
|              |                  |                                | □Change         |
| AMBR         | MANUEL RONDON    | 9195 FONTAINEBLEAU BLVD UNIT 6 |                 |
|              |                  | MEAMI, FL 33172                | □Remove         |
|              |                  |                                | <b>■</b> Change |
|              |                  | 191.10                         |                 |
|              |                  | ····                           | □Remove         |
|              |                  |                                | □Change         |
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| ffective date, if oth<br>an effective date is liste<br>ofe: If the date inse<br>ocument's effective | rted in this block o | loes not me   | et the applic | able statutory  | or more than 90<br>filing requirer | (optiona<br>) days after filin<br>nents, this da | l) ig ) Pursuant to 6 te will not be li | 05,0207 (<br>sted as t |
| record specifies a de<br>lis filed.   | ayed effective dat   | e, but not ai | n effective t | ime, at 12:01 a | a.m. on the ear                    | tier of: (b)                                     | The 90th day af                         | ter the                |
|   |                      |               | 2020          | . ^             |                                    |  |   |                        |
| ated  |                      | ·             |               |                 |                                    |  |   |                        |
| ated  |                      | ·             | miber or auth | prized represen | tative of a memi                   | nei  |   |                        |

Filing Fee: \$25.00