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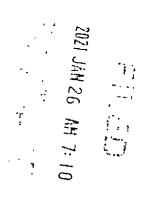
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

DOE AUTO PARTS LLC SUBJECT: \_ 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: Marcos Lopez Name of Person Marcos Lopez Firm Company 8340 NW 56 ST Address DORAL, FL. 33166 City/State and Zip Code doeautoparts@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marcos Lopez Daytime Telephone Number Name of Person Enclosed is a check for the following amount:  $\square$  \$30.00 Filing Fee & S25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOE AUTO PARTS LLC

2021 JAN 26 AM 7: 10

(Name of the Limited Liability Company as it now appears on our records, (A Fiorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/02/2020}{1}$ Florida document number L20000274692 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company herg:  $N/\Lambda$ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

## 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.

City

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 2021 JAN 26 AH 7: 10	Type of Action
AP	Marcos Lopez	8340 NW 56 ST. Doral, FL. 33166.	
			■Remove
AMBR	Marcos Lopez	8340 NW 56 ST, Doral, FL, 33166	<b>=</b> Add
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If an effective Note: If th	late, if other than the date of filing:  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 605.020 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
he record spoord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021
Dates	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Typed or printed name of signee