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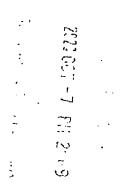
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
	PARTS AND TIRES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	JOSE PEREIRA		
	·	Name of Person	·
	PLANET PARTS AND T	IRES LLC	
		Firm/Company	~~·
	105 SE 2ND AVE STE 2		7623 063 -7
		Address	
	HALLANDALE, FL 3300	99	——————————————————————————————————————
		City/State and Zip Code	
	PERJOV24@HOTMAIL.C	OM (to be used for future annual report notif	testion
For further information	concerning this matter, please c	•	
JOSE PEREIRA		954 479-4900	
at ()		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)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addry Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroo Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLANET PARTS AND TIRES L	LC			
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on		and assigned
lorida document number L20000277651	······································			
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liah	ility company here:		
NO CHANGES				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		NO CHANGES		
Principal office address MUST BE A STRE	ET ADDRESS)			
			z.,	22
nter new mailing address, if applicable:		NO CHANGES	· · · · · · · · · · · · · · · · · · ·	<u>්</u> <u>උ</u>
<u> Iailing address MAY BE A POST OFFICE</u>	E BOX)			—i
				1 1
			•	7
. If amending the registered agent and/or		address on our records,	enter the name	of the new regist
gent and/or the new registered office addr	ess nere:		: "	ت
Name of New Registered Agent:	NO CHANGE			
New Registered Office Address:				
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANDARA PEREIRA	105 SW 2ND AVE STE 2	□Add
		HALLANDALE, FL 33009	■Remove
			□ Change
			□Add
			Remove
			Change
	·····		☐ □Add
		 	Remove
			☐ ☐ ☐ Change
		>. □Add	
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			Change
			□Add
			□Remove
			□ Change
		□Add	
		Remove	
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 199-78-20 Signature of a member or authorized representative of a member Typed or printed name of signee