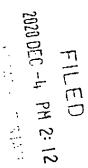
## 120000279636

(Requestor's Name)
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
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Office Use Only



12/04/20--01006--028 \*\*25.00



1/15/21

## **COVER LETTER**

TO:	Registration Se Division of Cor					
		PARTSSERVICE LLC	<b>√'</b> %			
SUBJE			ited Liability Company	<u> </u>		
		Name of Emi	ned Diability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	indence concerning this matter	to the following:			
		JESUS LEON				
			Name of Person			
		SACONSA GROUP LL	С			
			Firm/Company	· ·		
	3625 NW 82 Avenue Suite 100-K					
			Address	•		
		DORAL, FL 33166				
		JESUSLEONTERAN@G	MAIL.COM to be used for future annual rep	ort notification)		
For furt	her information c	oncerning this matter, please c		on nonneation)		
JESUS	LEON		786 7572	436	_ •	
	Name o	f Person	at () Area Code	Daytime Telephone Number	7020 DEC	
Enclose	d is a check for th	he following amount:			FILE	
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Fee, 👱 🗆 Statue&	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration Division of	Corporations		
		ox 6327 assee, FL 32314	Clifton Buil 2661 Execu	ding tive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARUSSI PARTSSERVICE LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record (Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		28:
		020 01
		EC -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		고 0
		12
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street addres	\$
		orida
	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	<b>Type of Action</b>
MGRM	KARAM HALIM A	510 NW 84AV APT640	
		PLANTATION FL 33322	■ Remove
			Change
MGR	LOPEZ CARLOS A	510 NW 84AV APT640	<b>■</b> Add
		PLANTATION FL 33322	□ Remove
			Change
MGRM	MARTINEZ JORGE	510 NW 84AV APT640	Change
		PLANTATION FL 33322	Remove
			Change
	<del></del>	<del></del>	□ Add
			□ Remove
			Change
			Remove
			Change
<del></del>	<del></del>		□ Add
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			Change

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rective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to  te: If the date inserted in this block does not meet the applicab  cument's effective date on the Department of State's records.	date of filing or ole statutory fili	nore than 90 days a	otional) fter filing.) Purs this date will r	uant to 605.0 not be listed
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective	time, at 12:0	1 a.m. on t	he earlier
OCTOBER 15 2020	-·			
ieu		$\overline{}$		
ated,		$\overline{}$		
Signature of a member or authority	zed representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00