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(Re	equestor's Name)	
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T. MATTHEWS MAR 29 2022

COVER LETTER

Division of Corpo	orations		
SUBJECT: DCA)A	Junk & Auto 1	Parts LLC.	·
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	<u>Asghar</u> E	temadi Name of Person	
	Deala Junk E	Name of Person Auto Parts LLC Firm/Company	
	4304 NW 13	37th St. Address	
	Gainesvilles F	City/State and Zip Code	<u>.</u>
	E-mail address: (to be used for future annual report notif	leation)
For further information cor	seerning this matter, please ca	all:	
Asglar Eter	•	at (352) 262 - Area Code Daytime	6887
▼ Name or r	CISOII	Area Code Dayume	: Tetephone 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 Address:		Street Address:	

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

_ Deala Tunk & Anto	Parts LLC	221/1 (n. 11) 3: 13
(<u>Name of the Limited Lial</u> (A Flo	Parts LLC bility Company as it now appears on o rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>トスぴの0ェ</u> 9ネス8		17/2022 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our recorde:	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Stephen Baer	5910 SW 112TH Place Rd.	□Add
		Ocala, FL 344-76	XRemove
			□Change
			□Add
			□Remove
			□Change
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	ve date, if other than the date of filing: (optional)
iote:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
reiza ar	d 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
l is fil	ed.
	10/00
ated	03/09/2022
	AFT.
	Signature of a plember or authorized representative of a member