L210000 13095

(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	<u></u>	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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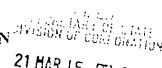
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RC Parts LLC	
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:	
Juliana M Echevern	
Ac Parts LLC Firm/Company 2093 Harerhill Ct Address	
2093 Harerhill Ct	
West Palm Brach FL 23415	
City/State and Zip Code in FO Excepts. us E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Camilo Etherery at (Sol) 201-7115 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
★ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

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 TVISION OF COME OF ALTERIA



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	arts			
(<u>Name of the Limited Liah</u> (A Flor	ility Compa ida Limited I	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L210000130</u>	Company		/	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liab	ility company here:		
The new name must be distinguishable and contain the words "L	imited Liabil	ity Company," the design	nation "LLC" or the abbro	eviation "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: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		address on our recor	ds, <u>enter the name</u>	of the new registere
Name of New Registered Agent:				
New Registered Office Address:	·	Enter Florida y	treet 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

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543 12 (GR	OF CORPORATION	٠.
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_____ Change

	Namo	21 MAR 15 PFI 2: 19	Type of Action
Title	Name 1 1 Februaria		
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n effective date is o <u>te:</u> If the date	f other than the d s listed, the date must b inserted in this bloc live date on the Dep	e specific and k does not m	cannot be prior to eet the applicat	date of filing or mo ole statutory filing	(opt ore than 90 days after requirements, th	er filing.) Pursua	ant to 605.020 of be listed as
is filed.	a delayed effective o			e. at 12:01 a.m. o	n the earlier of: (b) The 90th	day after the
ted <u><i>Mo</i></u>	rich N	4 4	2021	_·			
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Filing Fee: \$25.00