Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000126128 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 : (888)462-3453 Phone Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Em = 4 1 | Address:   |  |  |  |
|----------|------------|--|--|--|
| CHICAL I | AUGUL COO. |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EZ PARTS 4 SALE LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

: ~3 1 () 2023 ... Brumbiay TO:

Registration Section

## **COVER LETTER**

| Division of Cor              | rporations                                   | •  |   |  |
|------------------------------|--|--|---|--|
| OUD W.C.T.                   |  | TS 4 SALE LLC  |   |  |
| SUBJECT:                     |  | ited Liability Company   |   |  |
| The enclosed Articles of     | Amendment and fee(s) are sub                 | mitted for filing  |   |  |
| Please return all correspo   | ondence concerning this matter               | to the following:  |   |  |
|                              | LOVETTE DOBSON                               |  |   |  |
|                              |  | Name of Person   |   |  |
|                              |  | Firm Company   |   |  |
|                              | 17350 STATE HWY 2493                         | STE 220  |   |  |
|                              |  | Address  |   |  |
|                              | HOUSTON, TX 77064                            |  |   |  |
|                              | EFILE1234@INCFILE.CO                         | City/State and Zip Code<br>M   |   |  |
|                              | E-mail address: (                            | to be used for future annual report not                                    | dication)   |  |
| For further information c    | oncerning this matter, please ca             | alt:   |   |  |
| LOVETTE DOBSON               |  | 8884623453   | 3   |  |
| Name e                       | rf Person                                    | Area Code Daytin   | ne Telephone Number   |  |
| Enclosed is a check for t    | he following amount:                         |  |   |  |
| ■ \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee & Certificate of Status | [] \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | © \$60,00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional cepy is enclosed) |  |
| Mailing Addres               |  | Street Address:  |   |  |
| Registration : Division of C |  | Registration Sc<br>Division of Co  |   |  |
| P.O. Box 632                 | •  | The Centre of  | •   |  |
| Tallahassee.                 |  |  | pe Street, Suite 810  |  |
| Tallahassee, FL 32303        |  |  |   |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EZ PARTS S   | VSALE LLC   |                               |
|--|---|-------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | any as it now appears on our records.<br>Erability Company) |                               |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000521309}{1.0000521309}$ .   | were filed on 12/10/2021                                    | and assigned                  |
| This amendment is submitted to amend the following:  |   |                               |
| (Name of the Limited Liability Company as it now appears on our records.)  (A Horida Limited Liability Company)  as Articles of Organization for this Limited Liability Company were filed on 12/10/2021 and assigned orida document number 12/10/0521309  as amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  a new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" on the abbreviation and the register address. If applicable:  Inter new mailing address, if applicable:  Inter new mailing address defined address here:    Name of New Registered Agent:   New Registered Office address here:   New Registered Office Address:   Ne |   |                               |
| The new name must be distinguishable and contain the words "Limited Liab   | ility Company." the designation "LLC"                       | or the abbreviation "E. L.C." |
| Enter new principal offices address, if applicable:  |   |                               |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                               |
| Enter new mailing address, if applicable:  |   |                               |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                               |
|  |   |                               |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, enter t                             | he name of the new registered |
|  |   | 202                           |
| Name of New Registered Agent:  |   | <u> </u>                      |
| New Registered Office Address:   | Enter Florida street adaress                                |                               |
|  | <del></del>   | 1(1):1                        |
|  | City  | Zip Coffe                     |
| New Registered Agent's Signature, if changing Registered Agent   | •   | 8                             |

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: (((H23000126128 3)))

MGR = Manager AMBR = Authorized Member

| <u>l'itle</u> | Name                 | Address                    | Type of Action |
|---------------|----------------------|----------------------------|----------------|
| AMBR          | LUZBY REINOSO MENDEZ | 12480 NW 25TH ST STE 115   | □ Add          |
|               |                      | MIAMI, FL 33182            | ■Remove        |
|               |                      |                            | □ Change       |
| AMBR          | Junior Barranco      | 12480 Nw 25th St Suite 115 | <b>≡</b> Add   |
|               |                      | Miami, Ft. 33182           | □Remove        |
|               |                      |                            | Change         |
|               |                      |                            | □ Add          |
|               |                      |                            | □Remove        |
|               |                      |                            | □Change        |
|               |                      |                            |                |
|               |                      |                            | □Remove        |
|               |                      |                            | ©Change        |
|               |                      |                            | □Add           |
|               |                      |                            | □Remove        |
|               |                      |                            | □Change        |
|               |                      |                            | 🗀 Add          |
|               |                      |                            | Remove         |
|               |                      |                            | □Change        |

| amending any other info   |                                       |  |  |   |   |                       |
|---|---------------------------------------|--|--|---|---|-----------------------|
|   |                                       |  |  |   | **************************************        |                       |
| - 4   | <del></del>                           | <del></del>                              |  |   |   |                       |
| -1  |                                       |  |  |   |   |                       |
|   |                                       |  |  |   |   |                       |
|   |                                       |  |  | *************************************** |   |                       |
|   |                                       | <del></del>                              |  | <del></del>                             |   |                       |
|   |                                       | <del></del>                              |  |   |   |                       |
|   | <del></del>                           |  |  |   |   |                       |
|   |                                       |  | to disco                               |   |   |                       |
|   |                                       |  |  |   |   |                       |
|   |                                       |  |  |   |   | + + *                 |
|   |                                       |  |  |   |   | <del>7772 2/17 </del> |
|   |                                       |  | <del></del>                            |   |   |                       |
| 44-4  |                                       |  |  |   |   |                       |
|   |                                       | _1                                       | ······································ |   |   |                       |
| *****   | <del></del>                           |  |  |   |   |                       |
| -   |                                       |  |  |   |   |                       |
|   |                                       |  |  |   |   |                       |
| ective date, if other than<br>effective date is listed, the date<br>eg. If the date inserted in thi<br>ument's effective date on th | must be specific a<br>s block does no | ind cannot be prior<br>timeet the applic | no date of tiling<br>able statutory    | or note than 90                         | (optional) days after liting rents, this date | .) Parsuant to 605,02 |
| cord specifies a delayed effe<br>s filed.   |                                       |  |  |   |   |                       |
| ed April 04   | <del></del>                           | 2023                                     | ·                                      |   |   |                       |
| ed April 04   | 812012                                | Ma                                       | rel Rodi                               | reques/                                 |   |                       |
|   | Signature of                          | a member or author                       | orized represent                       | aty c or f memb                         | CI  |                       |
|   |                                       | Marini 1                                 | todriguez                              |   |   |                       |

Filing Fee: \$25.00