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	(Requestor's Name)
	(Address)
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PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
NTT TRU SUBJECT:	JCK AND TRAILER PARTS L	LC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter (to the following:	
	AUGUSTA PHILANDO		
	100.0	Name of Person	
	QUIK TAX INC		
		Firm/Company	
	2031B SOUTH STATE 7		
		Address	
	HOLLYWOOD FL 33023		
		City/State and Zip Code	
	AUGUSTAP@QTACCOUN	NTING.COM o be used for future annual re	
For further information of	concerning this matter, please ca		port notification)
AUGUSTA PHILANDO)	954 237- at ()	7407
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	· \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Address		Street Add	
Registration : Division of C		_	ion Section of Corporations
P.O. Box 632			re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTT TRUCK AND TRAILER PAR	TS LLC			
(Name of the Limite	ed Liability Compai (A Florida Limited L	ny as it now appears on ou Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Li Florida document number <u>L23000</u> 108070	ability Company	were filed on 03012023	and assigne	d
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	;
Enter new principal offices address, if applic	able:	341 SW 64 WAY		
		PEMBROKE PINES I	FL 33023	
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:	registered office	address on our record	MAY 22 AM 9: 04 RETARY OF STATE AHASSEE. FLORIDA	gistere
Name of New Registered Agent:	QUIK TAX IN	NC		
New Registered Office Address:	2031 SOUTH	STATE RD 7 STE B		
		Enter Florida str	•	
	MIRAMAR		, Florida 33023	
		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 Authors ed 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>	<u>Name</u>	Address	Type of Action
MGR	FERNANDO NIETO	341 SW 64 WAY	■Add
		PEMBROKE PINE FL 33023	□Remove
			□Change
MGR	FEDERICO A NIETO	1015 AVE SOTUH	
		RIVIERA BEACH FL 33404	Remove
			□Change
			
			□ Remove
			□ Change
<u></u>			□Add
			□Remove
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		05/16/20	023	(u m A t	1	
	listed, the date must be	e specific and cannot be p	rior to date of filing o	r more than 90 days after	tuing.) Pursuant to 605.0	201
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