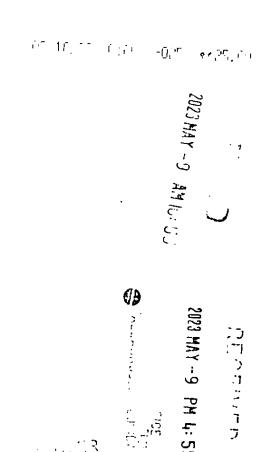
L23000192589

| (R | lequestor's Name) | |
|---------------------|-----------------------|-----------|
| · <u></u> (A | .ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone # | 5) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name |) |
| (D | ocument Number) | |
| . Copies | Certificates | of Status |
| Instructions to Fil | ing Officer: | |
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Office Use Only



200408030982



10 2023

COVER LETTER

| TO: Registration S Division of Co | | | |
|--|--|--|---|
| | AN QUALITY PARTS LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | JAVIER GUZMAN | | |
| | | Name of Person | |
| | AMERICAN QUALITY I | PARTS LLC | |
| | | Firm/Company | |
| | 5252 NW 85TH AVE AP | ľ 1107 | |
| | | Address | |
| | DORAL, FL 33166 | | |
| | USTUEMPRESA@GMAII | City/State and Zip Code L.COM | |
| | 1.5 | to be used for future annual report notification) | |
| For further information of | concerning this matter, please c | all: | |
| JAVIER GUZMAN | | 786 340-0372 | |
| Name o | of Person | at () Area Code — Daytime Telepho | one 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 & □ Certified Copy (additional copy is enclosed) | S60.00 File Fee. Certificate of Status Certified Copy tadditional copy is enclosed. |
| Mailing Addre Registration Division of C P.O. Box 632 Tallahassee. | Section Jorporations 27 | Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303 | ssee t. Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMERICAN QUALITY PARTS I | | nany acif nag amour | S on our records t | MAY -9 AM TU: jj |
|--|--------------------|--|--------------------------|---------------------------|
| Csame of the fami | (A Florida Limite | pany as it now appear ed Liability Company) | S VII (III 1 (COLUS) | - millo: j/j |
| ne Articles of Organization for this Limited L | | ny were filed on $\frac{04/}{}$ | 18/2023 | and assigned |
| orida document number 1.23000192589 | · | | | |
| nis amendment is submitted to amend the fol | | | | |
| If amending name, enter the new name of | of the limited lia | ability company he | <u>re</u> : | |
| Α | | | | |
| e new name must be distinguishable and contain the | words "Limited Lia | ibility Company," the de | esignation "LLC" or | the abbreviation "L.L.C." |
| iter new principal offices address, if appli | cable: | NA | | |
| rincipal office address <u>MUST BE A STREI</u> | <u>ET ADDRESS)</u> | ···· | | - |
| | | | | |
| iter new mailing address, if applicable: | | NA | | |
| Tailing address MAY BE A POST OFFICE BOX) | | | | · |
| | | | | |
| | | | | |
| If amending the registered agent and/or ent and/or the new registered office addre | • • | e address on our re | ecords, <u>enter the</u> | e name of the new registe |
| Name of New Registered Agent: | IRIS M BRIC | TENO | | |
| New Registered Office Address: | 5252 NW 85 | TH AVE APT 1107 | | |
| New Registered Office Address: | | Enter Flori | ida street address | |
| | DORAL. | | Floric | da ³³¹⁶⁶ |
| | | Ciţy | | 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.

Aris Briceno
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------|----------------|
| MGR | IRIS M BRICENO | 5252 NW 85TH AVE APT 1107 | ■Add |
| | | DORAL, FL 33166 | □Remove |
| | | | □Change |
| MGR | JAVIER GUZMAN | 5252 NW 85TH AVE APT 1107 | □Add |
| | | DORA, FL 33166 | ≣Remove |
| | | | |
| NA | NA | NA | □Add |
| | | | □Remove |
| | | | □Change |
| NA | NA | NA | □Add |
| | | | □Remove |
| | | | □Change |
| NA | NA | NA | □Add |
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| NA | NA | NA | 🗖 🗖 Add |
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| Effective date, if other than th | NA e date of filing: | | | (optional) | |
| Effective date, if other than the fan effective date is listed, the date made inserted in this document's effective date on the | block does not meet th | e applicable statuto | ing or more than 90 ry filing requiren | days after filing.) Pursu aents, this date will n | iant to 605,0207 of be fisted as |
| record specifies a delayed effect d is filed. | ve date, but not an eff | ective time, at 12:0 | La.m. on the earl | ier of: (b) The 90th | day after the |
| MAY 8TH Dated | 202 | 3 | | | |
| Dated | | | | | |