LZ3000 202949

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: - Big	STruck :	Parts LLC:	
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Lisa N	Name of Person	
		IC Parts LL C	
		Mich Roe	- Total 30
	Cernl Sp	City/State and Zip Code	1 1
	E-mail address: (1	to be used for future annual report notifica	All com, it is
For further information con	cerning this matter, please ca	all:	
Name of P		at (347) 680	- 80 79 elephone Number
Name of 1	erson	Area Code Dayline A	reprose remoci
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Address:</u> Registration Se	ction	Street Address: Registration Section	on
Division of Cor		Division of Corpo	rations
P.O. Box 6327		The Centre of Tall	ahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filiting: If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:0: filed.	1 a.m. on the earlier of: (b) The 90th day after the
d 07/33/2024, Lusa More	
LICA MATO	<i>≈</i> .

Filing Fee: \$25.00