

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dasiness Entry Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: | Registration Sec Division of Corp | | | |
|--------|--------------------------------------|--|---|--|
| SUBJI | ECT: PRIME E | UROPEAN PARTS, LL | .C | |
| | <u></u> | Name of Lim | ited Liability Company | _ |
| | | | | |
| The en | iclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | Corpor | ate Maintenance Lea | ad |
| | | | Name of Person | |
| | | Proc | essing Department | |
| | | | Firm Company | |
| | | 1 | 450 Vassar St | |
| | | | Address | |
| | | | Pono NIV 90502 | |
| | | | Reno, NV 89502 City State and Zip Code | <u> </u> |
| | | | | |
| | | E-mail address; (| to be used for future annual report notal | ication) |
| For fu | rther information co | oncerning this matter, please co | all; | |
| | Process | ing Department | at (800) 638-2320 | |
| | Name o | | Area Code Daytime | Telephone Number |
| | | | | |
| Enclos | sed is a check for th | ie following amount: | | |
| ☑ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status & |
| | | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | ING ADDRESS: | STREET/COURI | |
| | | ation Section n of Corporations | Registration Sectio Division of Corpor | |
| | | ox 6327 issee, FL 32314 | Clifton Building 2661 Executive Ce | nter Circle |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PRIME E | UROPEAN PARTS, LLC | |
|--|--|---------------------------|
| (<u>Name of the Limited Liabi</u> (A Flori | lity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on 09/27/23 | and assigned |
| Florida document number L23000448887 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the lir</u> | nited liability company here: | |
| | | 13 R3 |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or | د. د. د. ا |
| Enter new principal offices address, if applicable: | | 25 B |
| Principal office address MUST BE A STREET ADD | ODECC) | - |
| Trincipal office address 81031 DE A STREET AIN | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or reg | istered office address on our records a | enter the name of the nev |
| registered agent and/or the new registered office ad | | ther the hame of the her |
| | | |
| Nimes of Nime Design and America | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flori | da |
| | 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---------------------------|----------------|
| MGR_ | Celeste Chaitram | 243 Nw 36Th Ave | Add |
| | | Deerfield Beach, FL 33442 | ☑ Remove |
| | | | Change |
| MGR_ | Celest Chaitram | 243 Nw 36Th Ave | ☑ Add |
| | | Deerfield Beach, FL 33442 | ☐ Remove |
| | | | ☐ Change |
| | | _ | |
| | | | Remove |
| | | | ☐ Change |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00