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2024 JUL 12 PATE SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor		
,	O 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 correspo	ondence concerning this matter	to the following:
	Saad F Ahmad	
	Saad P Ahmad	
		Name of Person
	AMS Auto Paris LC	
		Firm Company
	7667 N WICKHAM RD U	Jnit 1407
		Address
	Melbourne, FL 32940	
		City/State and Zip Code
	AmsAutoParts@outlook.co	
	F-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please co	all:
Saad F Ahmad		321 9610963
Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	LJ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (a) (additional copy is enclosed) Certified Copy (a) (additional copy is enclosed)
Mailing Addres		Street Address:
Registration 9	Section	Registration Section Vice 7

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMS AUTO PARTS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/11/2024 and assigned Florida document number $\frac{1.24000122570}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 tecomplywit 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 lpha lpha

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

Title	Name	<u>Address</u>	Type of Action
MGR	SUHAIB BADER	3810 US-25 NORTH, HODGES, SC 29653	= Add
			□Remove
			= Change
AMBER	SAAD F AHMAD	7667 N Wickham Rd, #1407 , Melbourne, FL 32940	
			□Remove
			≡ Change
			\ _ _ Add
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ective date, if other than the effective date is listed, the date in this let. If the date inserted in this l	ust be specific and canne	of he prior to date of t	iling or more than 90 days at	fier filing.) Pursuant to 60:	5.0207
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cord specifies a delayed effect s filed.	ive date, but not an ef	fective time, at 12	01 a.m. on the earlier of:	(b) The 90th availe	ifihe
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Filing Fee: \$25.00