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COVER LETTER

Registration Section

TO:

Division of Corporations				
	ADOS AUTO PARTES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
79) I I I I	·	unio el Pero Ciliano		
The enclosed Afficies of	Amendment and fee(s) are sub	mated for ring.		
Please return all corresp	ondence concerning this matter	to the following:		
	RUBERT CHOURIO			
		Name of Person		
	IMPORTADOS AUTO P	ARTES LLC		
		Firm/Company		
	8152 PATTERSON WOO	DS DR APT 3107		
		Address		
	ORLANDO, FLORIDA 3.	2821		
		City/State and Zip Code		
	RUBERTCHOURIO@HO			
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
RUBERT CHOURIO		770 899-5015		
Name	of Person	at ()	ne Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 63		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. IMPORTADOS AUTO PARTES LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on and assigned and assigned
Florida document number 1.24000205472	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.D.
Enter new principal offices address, if applicable:	SA 2
Principal office address MUST BE A STREET ADD	
	9 5 52
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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		RUBERT CHOURIO	≣ Add
		RUBERT CHOURID	≡Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Remove
			□Change
			🗆 🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

f an et Note:	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ded.
Dated	JUNE 19, 2024
	Signature of a member or puthorized representative of a member
	Signature of a hieringers framework representative of a member
	RUBERT CHOURIO

Typed or printed name of signee