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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Phane Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LKQ PICK YOUR PART SOUTHEAST, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

SECTION	I (1-4 must be completed) s on the records of the Florida Department of LLC  5846 Crossings Blvd. Antioch, TN 37013		
1. Name of limited liability Company as it appears on the records of the Florida Department of  State: LKQ PICK YOUR PART SOUTHEAST, LLC			
Enter new principal office address, if applicable:	5846 Crossings Blvd. Antioch, TN 37013		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5846 Crossings Blvd. Antioch, TN 37013		
2. The Florida document number of this limited lia	bility company is: M15000007595		
3. Jurisdiction of its organization: DE			
4. Date authorized to do business in Florida: 09/2	23/2015		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")		
	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name [2,7] or "LLC.")		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, <u>enter the name of the new</u> <u>idress here:</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	, Florida City Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	gistered Agent; at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with cred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

3. If the amenda	ment changes person, title or capa	acity in accordance with 605.0902 (1)(e), indicate that of	change:
Fitle/ Capacity	Name	<u>Address</u>	Type of Action
Manager ——	Dominick Zarcone	500 W. MADISON STREET, SUITE 2800	🗀 Add
		CHICAGO, IL 60661	⊠Remove
Manager 	Matthew McKay	5846 Crossings Blvd.	ÑAdd
		Antioch, TN 37013	□Remove
Manager —	Walter Hanley	5846 Crossings Blvd.	WAdd
		Antioch, TN 37013	□Remove
Manager ———	Michael S. Clark	5846 Crossings Blvd.	NJAdd
		Antioch, TN 37013	
Manager ——	Tracy Hawkins	5846 Crossings Blvd.	&Add
		Antioch, TN 37013	_≥QRen <mark>io</mark> ve
aforemention	ned amendment(s), duly authenti- under the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the v is organized.  Fanna Fernandez ature of the authorized representative	4 AUG 21 LAHASSE
	•	ature of the authorized regovernative a Fernandez, Special Manager	AM 4: 18 Triogin
	Турес	d or printed name of signee	

Title/ Cap	pacity <u>Name</u>	Address	Type of Action
Manager	INC.,LKQ SOUTHEAST	500 W. MADISON STREET, SUITE 2800	Remove
		CHICAGO, IL 60661	
Manager	Todd Cunningham	5846 Crossings Blvd. Antioch, TN 37013	3 Add
Manager	Justin Jude	5846 Crossings Blvd. Antioch, TN 37013	3 Add

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