

L09000068140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

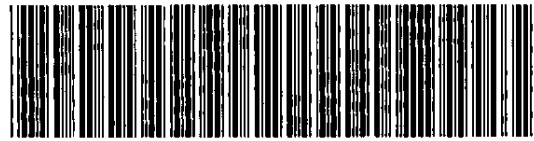
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/16/10--01018--028 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUN 16 PM 12:50

FILED

N. O. JUN 17 2010

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I enclose duplicates of the Articles of Amendment for **Master Developer Partnership LLC**, a domestic LLC.

Please file the attached Articles and return Proof of Filing and the requested Certified Copy to the below address.

Payment for the required fees is enclosed (\$55.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,



Chris Mershon
187 E. Warm Springs Road, Suite B
Las Vegas, NV 89119
702-362-2677
702-920-8057 fx

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Master Developer Partnership LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Mershon
(Name of Person)

MyNewCompany.com, Inc.
(Firm/Company)

187 E. Warm Springs Rd., Suite B
(Address)

Las Vegas, NV 89119
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Mershon at (702) 362-2677
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
10 JUN 16 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Master Developer Partnership LLC

(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 July 14, 2009 and assigned Florida document number L09000068140.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Master Interior Buildouts LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

18495 South Dixie Hwy. # 320

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33157

Enter new mailing address, if applicable:

18495 South Dixie Hwy. # 320

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33157

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:

18495 South Dixie Hwy. # 320

(Enter Florida street address)

Miami

(City)

Florida 33157

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

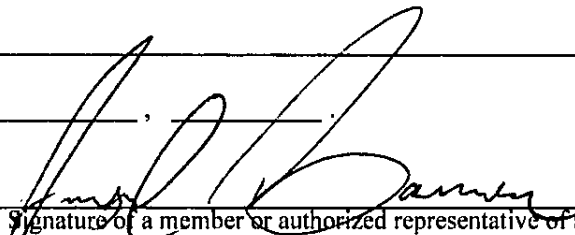
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Angel Basora	25855 SW 124 Place Miami, FL 33032	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Angel Basora	18495 South Dixie Hwy. # 320 Miami, FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 19 JUN 16 PM 12: 50
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Angel Basora, Member

Typed or printed name of signee