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BUNGAN SEE FINNION STALLAHASSEE, FLORI

C. LEWIS

MAY 1 3 2010

EXAMINER

· COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	
	Name of Limited Liability Company	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
,		
	Name of Person	
		· .
	Firm/Company	•
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
· · · · · · · · · · · · · · · · · · ·	Name of Person at () Area Code & Daytime Telephone Numbe	r
Enclos	ed is a check for the following amount:	
\$25	(additional copy is enclosed) Certified	ite of Status &

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 HAY 13 PM 3: 29

SECRETARY OF STATE FALL-AHASSEE.FLORIDA

MDS Autowork	T LLC FALLAHASSEE FLORIDA
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/DODOS8839</u>	y were filed on 37670 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
MDS Autoworks LLC	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	369 Blanding Blul
(Principal office address MUST BE A STREET ADDRESS) .	Suite N16 Orange Park, FL 32073
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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 **Title** Name Address Type of Action Imran K. Sinch4 4060 Hodges Blue Apt 905 Add Mgrm Mitchell R. Morton 6084 East Rd Add Remove Mgrm Michael L. Deutsch 1980 Willeston Dr. East Add □Add ☐ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Moah K. Jindhu
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00