(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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COVER LETTER

Division of C			
SUBJECT: Paritet	: Motors, L.P		
(Na	ame of Florida Limited Par	rtnership or Limited	Liability Limited Partnership)
The enclosed Certifi	cate of Amendment a	nd fee(s) are sub	mitted for filing.
Please return all cor	respondence concerni	ng this matter to:	
Son Trinh			
	(Contact Person)		
Paritet Motors, L.F			
	(Firm/Company)		
116 N. 13th Ave. #			
	(Address)		
Hollywood, FL 330	19		
	City, State and Zip Code)		-
For further informat	ion concerning this ma	atter, please call:	
Son Trinh		at (954	920-9947
(Name of Cont	act Person)	_···\	e and Daytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filin and Certified Co	
STREET ADDRES	SS:	MAII	ING ADDRESS:
Registration Section			tration Section
Division of Corporations		Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Cen	ter Circle		assee, FL 32314
Tallahassee, FL 323		1 411411	

OT DEC 28 PM.

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Paritet Motors, L.P.		
(Insert name currently on fi	ile with Florida Depa	rtment of State)
	icate was filed wi	
limited partnership.		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the here</u> :	limited partnershi	p or limited liability limited partnership
(New name must be distinguish	hable and contain ar	acceptable suffix.)
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes:		
B. If amending the registered agent and/or regist new registered agent and/or the new registered offi		s on our records, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter	Florida street address)
	(·
	(City)	, Florida (Zip Code)
	(Cuy)	(Zip Coue)

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.

(If Changing Registered Agent, Signature of New Registered Agent)

	<u>Address</u>	Type of Action
Ilya Torchinsky	6511 Nova Dr. #191 Davie, FL 33317	Add Remove
		Add Remove
		_
		Add Remove
		D
p" status, enter change here:		J
artnership hereby removes its	"Limited Liability Limited Pa	rtnership" status.
removing" limited liability limited j	partnership" status, all general pa	rtners must sign this amendmen
other information, enter chan	ge(s) here: (Attach additional s	heets, if necessary.)
	partnership or limited liabili p" status, enter change here: artnership hereby elects to be artnership hereby removes its removing" limited liability limited	Davie, FL 33317

Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing: <u></u> re than 90 days after the da	te this document is filed by the Florida Department of
Signature(s) of a general partne (*NOTE: Only one current general part)	ner is required to sign this d	ocument unless the limited partnership is adding or
removing a "limited liability limited part when adding or removing a "limited liab	nership" election statement. ility limited partnership" ele	Chapter 620, F.S., requires all general partners to sign ction statement.)
	SonTrinh	
	 .	
Signature(s) of all new or dissoc	iating general partner	(s), if any:
	Turchinsky	
	·	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	