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DIVISION OF CORPORATION

11 MAR 22 PH 12: 15

T. HAMPTON MAR 2 8 2011



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	MBS MOTOR LLC Name of Limited Liability Company		
The enclosed Articles of Ar	Rect: MBS Motor UC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Rect: Advance Gerson Advance Gresson Advance Gresson Firm/Company 1274 NW 63 WAY Address Parkuand FL 35007 City/State and Zip Code PATRICIA 1040 TAX & Grant Company There information concerning this matter, please call: Advance Gresson Area Code & Daytime Telephone Number		
Please return all correspond	ence concerning this matter to the following:		
	Patricia Pollari		
	Advance Francial		
	7274 NW 63 WAY Address		
	City/State and Zip Code		
Division of Corporations URJECT: MBS MOTOR LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed is a check for the following amount: See 1855.00 Filing Fee 1850.00 Filing Fee & 1855.00 Filing Fee & 1860.00 Filing Fee.			
	Area Code & Daytime Telephone Number		
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 HAR 22 PH 12: 15

HBS MOTDE LL	C
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1808 SW 31 ST AVE PEMBROKE PARK FL
Trincipal office unuress mest be A STREET ADDRESS	33009
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
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 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
If amen		e(s) here: (Attach additional sheets, if necessary.)	_ 01
			SECRETARY OF STATE VISION OF CORPORATIONS 11 MAR 22 PM 12: 15
ited	;// / / / on	or authorized representative of a member	IS TONS
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Filing Fee: \$25.00