105000079214

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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TO MAY 19 AM 8: 48

SECRETARY OF STATE

D. BRUCE

MAY 20 2010

EXAMINER



April 20, 2010

JEANNIE MURPHY 5795 ORANGE DRIVE DAVIE, FL 33314

SUBJECT: CUSTOM PARTS ENTERPRISES LLC

Ref. Number: L05000079214

We have received your document for CUSTOM PARTS ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 110A00009715

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT:	FRANK'S CUSTO	M AUTO REPAIRS, LLO				
	Name of Limi	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		JEANNIE MURPHY				
		Name of Person				
	MARING B	OOKKEEPING SERVICE, II	۱Ç.			
		Firm/Company				
	5	795 ORANGE DRIVE				
		Address			10	
	DA	AVIE, FLORIDA 33314		75 P	F	*****
		City/State and Zip Code		る。	Y 19	
	MAF	RINGBKKG@AOL.COM to be used for future annual report notific	etian)	and the	HA (
En Control Section	·	-		ال الله الله الله الله الله الله الله ا	öö ⊐≭	47000
For turner information	concerning this matter, please o	ан.			£	
	NNIE MURPHY	at (954) 7	92-5075	—	CO	
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

CUSTOM PARTS ENTERPRISES LLC

(A)	Torida Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Lia Florida document numberL050000792		08/10/05	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>·c</u> :	
FRANK'S	CUSTOM AUTO REPAIRS,	LLC.	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	nny," the designation "	'LLC" or the abbreviatio
Enter new principal offices address, if applica	ble:		,
(Principal office address MUST BE A STREET	'ADDRESS)		
			71- E
Enter new mailing address, if applicable:			100 × 100 ×
(Mailing address MAY BE A POST OFFICE B	OX)		338 74 6
	"		二、3 美 [1]
			\$ 9 0
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on e ice address here:	our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	iter Florida street ad	dress
		, 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 Manageine Member being added or removed from our records:

MGR = M MGRM = 1	anager Managing Member		
Title	Name	Address	Type of Action
			Add Remove
	<u> </u>		Add Rentove
			Add Resouve
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. Kamen	ding any other information, e	mier change(s) here: (Attach additional sheets, if	necessary.)
_			^m c
· <u>-</u>			FLOWING TO
Daict	4/26	, 2010 .	
,	2 Tas	ul I Robino	
	Signature	of a member of authorized representative of a member	•
		FRANK J. ROBINO Typed or printed name of signed	

Page 2 of 2

Filing Fee: \$25.00