# 107000041530

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SECRETARY OF STATE

D. BRUCE
JAN 1 6 2008
EXAMINER

## **COVER LETTER**

Division of Co	rporations			
subject: Perform	ance Plus Automotive,	LLC		
The enclosed Articles of				
Please return all corresp				
		-		
	Javier J. Cintron, C	CPA CPA		
(Name of Person)				
	6445 S. Chickasaw	T:1 #000		SE(
	JAN JAN AN			
		(Address)		HASSE TO
Orlando, FL 32829				FEX. **
		(City/State and Zip Code)		
For further information	concerning this matter, please of	anll:		3: 17 STATE FLORID
To raide mormaton	concerning this matter, please t	<b>54</b> 11.		D.FI
Javier J. Cintron		at (407 ) 694-1925		
(Name	of Person)	(Area Code & Daytime	Telephone Number	r)
Enclosed is a check for t	he following amount:			
_	<u> </u>	Doce on the same		.,
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Fili Certificat	ng Fee, e of Status &
		(additional copy is enclosed)	Certified	Copy
			(additiona	al copy is enclosed)

### MAILING ADDRESS:

Registration Section

TO:

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

Perfomance Plus Automotiv	e, LLC	<u> </u>				
(Name of the Limited I	Jability Company as it now appears on our Torida Limited Liability Company)	records.) $\Xi_{\mathcal{S}}$ 8				
(A1	Torida Elitifica Eliability Company)					
The Articles of Organization for this Limited Lia	bility Company were filed on April 18, 2	and assigned				
Florida document number L07000041530						
This amendment is submitted to amend the follow	·	PH 3: 18 EF STATE FLORIDA				
A. If amending name, enter the new name of the limited liability company here:						
Performance Plus Automotive, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."						
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:	Javier J. Cintron					
New Registered Office Address:						
	(Enter Florida street address)					
	Orlando, FL (City)	, Florida 32829 (Zip Code)				
	(City)	(zip Couc)				

#### 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action Address Title Name** 204 Blue Lake Dr. □ Add **MGRM** Linda Y. Cruz Remove Longwood, FL 32779 Add Remove Add Remove Add Remove  $\square$ Add Remove  $\square$   $\wedge$  ddRemove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Signature of a member or authorized representative of a member Josefina de la Torre

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00