

LD80000043460

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

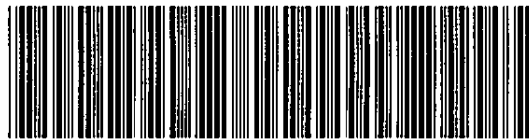
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JUL 18 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TQ: Registration Section
Division of Corporations**

SUBJECT: First Commercial Warranty Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Puchades, Esq.
Name of Person

Law Offices of Michael A. Puchades, P.A.
Firm/Company

13499 Biscayne Boulevard, Suite T4
Address

North Miami, FL 33181
City/State and Zip Code

mpuchades@keytradegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Puchades at (305) 336-3903
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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**

First Commercial Warranty Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/30/2008 and assigned Florida document number L08000043460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MotorGuard Warranty Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 13499 Biscayne Boulevard
(Principal office address MUST BE A STREET ADDRESS) Suite T4
North Miami, FL 33181

Enter new mailing address, if applicable: 13499 Biscayne Boulevard
(Mailing address MAY BE A POST OFFICE BOX) Suite T4
North Miami, FL 33181

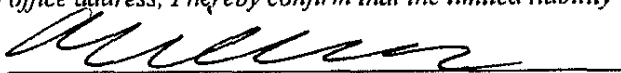
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Michael A. Puchades, Esq.

New Registered Office Address: 13499 Biscayne Boulevard
Enter Florida street address
North Miami, Florida 33181
City Zip 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

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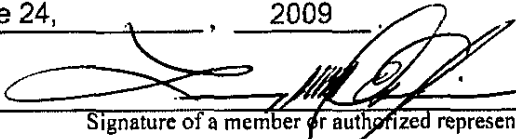
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luis M. Espinosa	2300 West 84th Street Hialeah, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rene M. Cambert	2300 West 84th Street Hialeah, FL 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael A. Puchades	13499 Biscayne Boulevard Suite T4 North Miami, FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 24, 2009


Signature of a member or authorized representative of a member
Luis M. Espinosa
Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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