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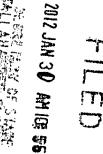
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT FEB -1 2011
EXAMINER

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	MASTE	R PARTS LLC	
	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are su	-	
		LUIS R. SMITH	
		Name of Person	
	JES:	SEL INVESTMENTS LLC	
		Firm/Company	
	11402 N	W 41ST STREET SUITE 211	7 20
		Address	
		DORAL, FL. 33178	TIL 2012 JAN 3 D HELLARASSE
	,	City/State and Zip Code	15.0
	LM.	JESSEL@GMAIL.COM	THE E
	E-mail address:	to be used for future annual report notification)	
For further information	concerning this matter, please	call:	95
LU	IIS R. SMITH	at (305) 470-2429	•
Name of Person		Area Code & Daytime Telephone N	umber
Enclosed is a check for \$25.00 Filing Fee	the following amount: \$\int_\$30.00 \text{ Filing Fee & Certificate of Status}		00 Filing Fee, tificate of Status &
		(additional copy is enclosed) Cer	tified Copy ditional copy is enclosed)
	LING ADDRESS:	STREET/COURIER ADDRES Registration Section	SS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

3

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAS	TER PARTS LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appea la Limited Liability Company)	rs on our records.)		
·	• • •			
The Articles of Organization for this Limited Liability	Company were filed on	03/01/2010	and as	signed
Florida document number L10000028486	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
MA.	ASS PARTS, LLC			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation "I	LC" or the	abbreviation
L.L.C.				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESS)	,		
		7.2		
		F	7	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	် မ	
		1 2 4	e =	imi~
•	- -	() () () () () () () () () ()		
B. If amending the registered agent and/or reg			he name	of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		· 67	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Cod	e

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 Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Actio
	<u></u>		Add Remove
			Add Remove
			Add Remove
	·		AddRemove
			Add Remove
	· .		Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessor	ary.)
_ _			2012 JAN 3 D
Dated		112	30 MIO 55
	رِّح GAE	or authorized representative of a member BRIEL GARRIDO or printed name of signee	