

L10000037108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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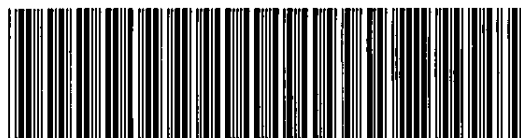
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

SEP 12 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRAFT MASTER AUTOMOTIVE, 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:

RAIMUNDO DIAS

Name of Person

Firm/Company

620 NW 12TH AVE

Address

BOCA RATON, FL 33486

City/State and Zip Code

CMAAUTOBODY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAIMUNDO DIAS

Name of Person

at (561) 859-2624

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CRAFT MASTER AUTOMOTIVE 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 April 4, 2010 and assigned

Florida document number 27 2289046  
L10000037108

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

RAIMUNDO DIAS

New Registered Office Address:

620 NW 12<sup>th</sup> AVE

*Enter Florida street address*

BOCA RATON

Florida

33486

*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**

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 EVCEDA	1015 N DIXIE HWY POMPAN0 BEACH, FL 33060	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAIMUNDO DIAS	620 NW 12 <sup>th</sup> AVE BOCA RATON, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAIMUNDO DIAS	620 NW 12 <sup>th</sup> AVE BOCA RATON, FL 33486	<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.)

PLEASE REFER TO ATTACHED  
ADDITIONAL SHEETS

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TALLAHASSEE, FLORIDA

Dated SEPT 06, 2011

Signature of a member or authorized representative of a member

RAIMUNDO DIAS

Typed or printed name of signee

# **CRAFT MASTER AUTOMOTIVE, LLC**

September 06, 2011

## Amending Articles of Incorporation of a Florida Limited Liability Company

This letter is being addressed to remove myself Luis Euceda as the current Manager of Craft Master Automotive, LLC. The successor will be Raimundo Dias as the new Manager of Craft Master Automotive, LLC. The current managing members will remain the same listed as filed:

Title MGRM

GALLARD, NELSON  
1015 N DIXIE HWY  
POMPANO BEACH FL 33060

Title MGRM

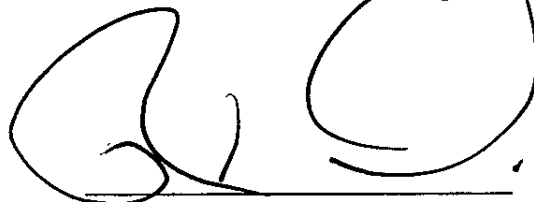
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Luis Euceda Removed as "Manger"

09-06-11



Raimundo Dias New "Manger"

09.06.11