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EXAMINER

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of	n Section ; Corporations					
SUBJECT: Madden Automotive Solutions LLC.,						
	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.				
Please return all corre	espondence concerning this matte	er to the following:				
	Teresa P Madden					
	Name of Person					
Madden Automotive Solutions LLC.,						
Firm/Company						
·	14341 Port Comfort Road					
Address						
Sanibel Island,FL 33957						
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, please	call:				
K	eith A Madden	at (239)	405-9202			
Name of Person Area Code & Daytime Telephone Number		e Telephone Number				
Enclosed is a check fo	r 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



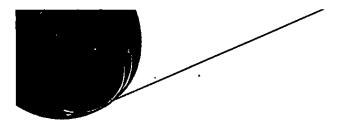
Madden Automotive Solutions, LLC

Corporate Minutes August 15th, 2010 Amendment to Articles of Organization

As duly noted, Madden Automotive Solutions, LLC., held a meeting on August 15th, 2010, to amend the articles of organization pursuant to a previously held meeting concerning Article 4.1 wherein Keith A. Madden, a non-member of the LLC., was elected as manager of said company. This subsequent meeting is being held to add Keith A. Madden as manager of Madden Automotive Solutions, LLC., to the articles of organization.

Executed by: Yelloa T. D.

Teresa P. Madden, owner



16191 San Carlos Blvd Unit 4

Fort Myers, Florida 33908

239-405-9202

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madden Automotiv	e Solutions LLC.,	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed onJune 2	25,2010 and assigned
Florida document numberL10000067749		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	16191 San Carlos B	lvd
(Principal office address MUST BE A STREET ADDRESS)	Unit 4	
	FT Myers Florida 339	308
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here		ds, enter the name of the new
Name of New Registered Agent:		APE 10
New Registered Office Address:	Futor Florid	a street address N
	City	Florida (
New Registered Agent's Signature, if changing Registered Agent:): 25 TATE ORIDA

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:

MGR = Manager

MGRM = Managing Member Title **Name Address** Type of Action MGRM. Teresa P Madden 16970 San Carlos Blvd ✓ Add Remove STF-3 119 FT Myers 33908 MGR Keith A Madden 16970 San Carlos Blvd Remove STE-3-119 FT Myers 33908__ ☐ Add ☐ Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Adden
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00