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SECRETARY OF STATE OF STATE OF CRATTONS

JUN - 5 2012

T. HAMPTON

## **COVER LETTER**

TO:		tion Secti of Corpo					
SUBJECT: STARDUR AUTO PAINT & BODY SUPPLY LLC							
50 D01			Name of Limi				<del></del>
The en	closed Arti	cles of An	nendment and fee(s) are sub	omitted for fil	ing.		
Please	return all c	orrespond	ence concerning this matter	to the follow	ving:		
			<u>-</u>				
	DANIEL RODRIGUEZ  Name of Person						
	FIDELITY BUSINESS RESOURCES LLC						3
Firm/Company							
	8924 SW 226 TER						
				Ado	iress		
			Cl		Y, FL 33190		
	City/State and Zip Code  DRODRIGUEZ@MYFBR.COM						
			E-mail address: (	to be used for	future annual report	t notificati	on)
For fur	ther inform	nation con-	cerning this matter, please of	call:			
	0	DANIEL	RODRIGUEZ	at (	786 )	47	3-0168
		Name of P	erson		Area Code & D	aytime Te	lephone Number
Enclos	ed is a che	ck for the	following amount:				
	5.00 Filing		\$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy tional copy is end	closed)	\$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/CO Registration S Division of C Clifton Build 2661 Executi Tallahassee, l	Section Corporation ing ve Cente	ons r Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARDUR AUTO PAINT & BODY SUPPLY LLC



12 JUN - 1 AM 8: 57

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000067586	were filed on	05/18/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2445 NW 75	ST	
(Principal office address MUST BE A STREET ADDRESS)	SUITE B3		
	MIAMI, FL 3	3147	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>e</u> :		he name of the nev
Name of New Registered Agent:			•
New Registered Office Address:	Enter Florida street address		
		, Florida	
	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>	Name	Address	Type of Action		
MGRM	LUCILA I GAGO PALACIO	5610 SW 108 CT MIAMI, FL 33173	Add Remove		
<u>MGRM</u>	MISAEL POLHAMUS	7341 NW 174 TER HIALEAH, FL 33015	Add  Remove		
MGRM	WILLIAM ELIA	5610 SW 108 CT MIAMI, FL 33173	✓ Add — Remove		
<del></del>			Add Remove		
			Add Remove		
<del></del>			Add Remove		
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	)		
·			SECHETARY OF S DIVISION OF CORPOR		
 Dated	MAY 24 , 20	012	— 8: 5.7 ATIONS		
Signature of a member or authorized representative of a member					
		A I GAGO PALACIOS			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00