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B. BOSTICK
SEP 2 1 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	*
SUBJECT: JMW PARTS & FQUIPMENT, 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:	
reast rotain an correspondence concerning and matter to the rottowing.	
SOL GONZALEZ Name of Person	
JHW PARTS & FOUIPHENT LLC	
1360 COLLINS AVE #305 Address	
MIAMI BEACH FL 33139 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	:- ,
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	12 SEP ÄLLÄHÄ
SOL GONZALEZ at (786) 382 - 4693 Name of Person Area Code & Daytime Telephone Number	SEP 20 PM
Enclosed is a check for the following amount:	1:24 Children
(additional copy is enclosed) Certified	e of Status &

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

JMW PARTS	# FQUIT	DHENT, ILC	<u>. </u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears o I Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	8/09/2012 an	d assigned
Florida document number <u>112000102692</u> .		/ /	_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
. N /A	-		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company,	" the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		2 1.	a
		، حشال ا	S
)5: :0:	~ioi ↓. No !i
Enter new mailing address, if applicable:	NA	(n) (1)	0 [
(Mailing address MAY BE A POST OFFICE BOX)			P
		(a) .	
·		(C) i o o	£
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he			ne of the new
Name of New Registered Agent:	΄ Δ .		
Name of New Registered Agent.	Δ		
New Registered Office Address: Enter Florida street address			
	Enter	r ioriaa sireei aaaress	
	City	, Florida	Code
Nov. Dogistaned Agentle Construe of shorts Posterial	•	Zip	Coue
New Registered Agent's Signature, if changing Registered Agen	<u>lu</u>		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	JOSE L. BANADO	1360 COLUDS AVE \$305 MIANI BEACH , FL 33139	Add ☑ Remove		
'MGRM	JOSE M. BANADO	1360 COLLINS AVE. \$305 MIANI BEACH FL 33139	Add Remove		
MGRM	MARIA SOL GONZALER	1360 COLLINS AVE. # 305 MIAMI BEACH, FL 33139	Add Remove		
MGR	SOL GONZALEZ	1360 COLLINS AVE \$305 MIAMI BEACH, FL 33139	_⊠ Add _ □ Remove		
/UGRM	WALTER H. BERIO	1360 COLLINS AVE #305 MIAMI BEACH FL 33139	Add Remove		
HGR	WALTER H. BERIO	1360 COLLINS AVE \$305 HIAHI BEACH, FL 33139	_⊠Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 17th, 2012 Signature of a morabler or authorized representative of a member					
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00