P11000009480

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Master Brakes & Complete Auto Repair In
DOCUMENT NUMBER: 7 11000109480
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEMSR RECO
Name of Contact Person
Firm/ Company
4011 SW RUSSER BLUN
PA ST LVLIC A 34973
City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
TRINSPORTED TO THE PROPERTY OF
Name of Contact Person at (Ot) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed) \\ (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Am to	
Master Brakes & Couplete	tuto lepair INC
(Name of Corporation as currently filed with the P100009480 (Document Number of Corporation)	
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation	The new
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	rp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	E. S. L. L. S. S. S. S. L. L. S. S. S. L. L. S. S. S. S. L. L. S.
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add Name of New Registered Agent:	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

, Florida (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

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	If an amend	lment provides t	for an exchange, rec	lassification, or ca	ncellation of issu	sed shares.
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The date of each amendment	(s) adoption: $1-19-11$			
Effective date <u>if applicable</u> :	(date of adoption is required)			
enective date <u>it applicable.</u>	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	7/18/11			
Signature	Dloter			
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)			
	DENISE PEED			
	(Typed or printed name of person signing)			
	Dresident			
	(Title of person signing)			