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Division of Corporations

: (850)617-6383 Pax Number

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

\*\*Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARK'S MOBILE, AN AUTHORIZED MATCO TOOLS DISTRIBUTOR

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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SEP 2 0 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARK'S MOBILE, an Authorized Matco To	ols Distributor, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears an our re Limited Liability Company)	cotor)
The Articles of Organization for this Limited Liability Co Florida document number L19000167262	ompany were filed on 06/26/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
MARK'S MOBILE, LLC		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(FSS)	
		<del>20</del> 19
Enter new mailing address, if applicable:		. co
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida strest o	ddress
		TW
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registeres	Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to be proper and confidence the obligations of my position as registered against filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dutie zent as provided for in Chapter (	s, and I am familiar with and io5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager Authorized Member
Title	Name

Title	Name	Address	Type of Action
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Effective date, if oth if an effective date is liste Note: If the date insendocument's effective of	rted in this block doe	s not meet the applica	o date of filing or mor ble statutory filing	(optional e than 90 days after filing requirements, this date	) g.) Pursuant to 605.0207 (J e will not be listed as th
he record specifies The 90th day aff			an effective tir	ne, at 12:01 a.m.	on the earlier of:
Dated September 19th	h	, <del>2019</del>	-: ( )		
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	Signatur	re of a member or author	ized representative o	a member	<del></del>

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