120000323644

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SECRETARY DE STATE
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COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT:	Mobile Re	pair LLC. led Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subi	nitted for tiling.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Hamo	Jdi Bzeih Name of Person	
		Firm/Company	
	6104 Twa	in St. unit 105	
	Orlando	FL 32835 City/State and Zip Code	
	7amoudi & E-mail address: (1	340 cmail. Cor o be used to future annual report in	Y) otilication)
For further information c	oncerning this matter, please co	all:	
Hamoudi Name o	Person Person	ar (<u>313</u>) <u>999</u> Area Code Dayl	- 1889 ime Telephone Number
Enclosed is a check for the	re 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imphile People IIC.

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>UU20000323644</u>	were filed on 10	13 2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	lity Company." the designa	tion "LLC" or the abbro	021.
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	oddrase on our racore	NOT SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	of the new registers
agent and/or the new registered office address here: Name of New Registered Agent:	authess on our record	is, enter the name	
New Registered Office Address:			
New Registered Vittlee Address.	Enter Florida st	reet address	
	<u> </u>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1		
Thereby accept the appointment as registered agent and agr	ee to act in this capa	city. I further agre	e 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Remove
			S 20 □Change
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			2 The Retrieve 10:29 Change
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record specifi d is filed.	es a delayed c	effective date	, but not an	effective	time, at 12:	01 a.m. on	the earlier (of: (b) T	he 90)	th d ay a	ifter the
	uly 7	-		2021	<u></u> -·						
Dated											