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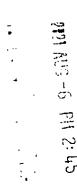
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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08/06/21--01016--005 \*\*30.00



## **COVER LETTER**

SUBJECT:	e Move Mobile Mechanics LLC			
UBJECT:Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are submitted for filing.			
Please return all cor	respondence concerning this matter to the following:			
	Paul D Massey Jr			
	Name of Person			
	On The Move Mobile Mechanics LLC			
	Firm/Company			
	9314 S Spoonbill Ave			
	Address			
	Floral City FL 34436			
	City/State and Zip Code			
	taramontag1983@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further informat	ion concerning this matter, please call:			
Tara Montag	407 953-2079 at ()			
Na	ime of Person Area Code Daytime Telephone Numbe			

Mailing Address:

☐ \$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

**■** \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On The Move Mobile Mechanics LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/22/2021 and assigned Florida document number L21000188830 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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
AMBR	Paul D Massey JR	9314 S Spoonbill Ave	<b>≡</b> Add
		Floral City FL 34436	Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			285 ☐ Remove
			EChange
			□Xdd 5
		<del>-</del>	□ Remove
			⊡Change
		<del></del>	□Remove
			Change
			Remove