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Special Instructions to F	-lling Officer:	
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
elib iez		MOBILE MECHANIC LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MATTHEW POOLE		
		· · · ·	Name of Person	
		DYNAMIC MOBILE ME	CHANIC LLC	
			Firm/Company	
		5703 RED BUG LAKE RI	D. #201	
			Address	
		WINTER SPRINGS, FL. 3	32708	
		· · · ·	City/State and Zip Code	
		MURAADER@GMAIL.CO		
For furth	er information c	oncerning this matter, please ca	to be used for future annual report i	ionication)
маттн	EW POOLE		321 230-0368	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$2 5.	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 Addres		Street Address	-
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327				f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 11 PM 3: 13

CLLC	SEC	REPART OF STATE
ited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	ILLAHASSEE.FL
·		
llowing:		
of the limited liab	oility company here:	
words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
ET ADDRESS)		
	N/A	
E BOX)		
_	address on our records, <u>enter t</u> l	he name of the new registe
ess nere:		
N/A		· · · · · · · · · · · · · · · · · · ·
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D//N		
	Liability Company llowing: of the limited liab words "Limited Liabi icable: ET ADDRESS) Fe BOX) registered office ess here: N/A	Liability Company as it now appears on our records, (A Florida Limited Liability Company) Liability Company were filed on 01/11/2022 Clowing: Of the limited liability company here: words "Limited Liability Company," the designation "LLC" icable: N/A N/A EBOX) registered office address on our records, enter thess here: N/A

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.

City

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
N/A	N/A	N/A	\ _Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
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effective date is listed, the date must te: If the date inserted in this block	be specific and cannot be prior be does not meet the applic	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursuant to 60 frements, this date will not be fis)5.0207 sted as
ument's effective date on the Dep	partment of State's records			
cord specifies a delayed effective	date, but not an effective to	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
s filed.				
Febuary 28th	2022			
ed	,	 ·		
Matthe	Pools			
11/10000	ignature of a member or auth	orized representative of a m	ember	
MATTHEW POOLE				

Filing Fee: \$25.00