L23 0001464 63

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
(4.5	,	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

	Registration Sec Division of Corp			į	
		echanics LLC	•	·	
SUBJEC	Т:	Name of Lim	ited Liability Company	-	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please ret	um all correspo	ndence concerning this matter	to the following:		
		James Holiber			
			Name of Person		
			Firm/Company		
		48 Rockland Avenue			
			Address		135. [20]
		Larchmont, NY 10538		;	
			City/State and Zip Code		1
		jmholiber@gmail.com E-mail address: (to be used for future annual report notifica	ition)	 ::
For furthe	er information co	oncerning this matter, please ca			
James Ho	oliber		914 714-2961		; ;
	Name of	l'Person	Area Code Daytime T	elephone Number	
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	Status & - y
	Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations lahassee	
	Tallahassee, I	L 32314	2415 N. Monroe S Tallahassee, FL 3.	•	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Business Mechanics LLC			
(Name of the Limi	ted Liability Company as it now apport (A Florida Limited Liability Company	cars on our records.)	
The Articles of Organization for this Limited L	and assigned		
Florida document number L23000146463			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the c	bbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		~3
	·		
Enter new mailing address, if applicable:			1. 1.
(Mailing address MAY BE A POST OFFICE BOX)			,
			30
B. If amending the registered agent and/or agent and/or the new registered office addresses	_	records, <u>enter the na</u>	ne of the new registere
Name of New Registered Agent:	Carmen Arguelles		
New Registered Office Address:	748 SW Habitat Lane		
	Enter F	lorida street address	
	Palm City	, Florida ³	4990
	Ciţy		Zip Code

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
			□Add
		 ,	□Remove
			□Change
			
			□Add
			Chaingic
			□Remove
			Change
			
			□Remove
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c: If the date inserted in this blument's effective date on the D	st be specific and cannot be prior to date of filit lock does not meet the applicable statutor department of State's records.	y filing requirements, this date will no	ot be listed a
cord specifies a delayed effective filed.	re date, but not an effective time, at 12:01	a.m. on the earlier of; (b) The 90th	day after the
ed May 2	2023		

Filing Fee: \$25.00