LC6000033348

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| RECEIVE 2013UL-5 AN 9-2 SECKLERIT C STATE TALLAHASSTE, TLORID |
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Office Use Only



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S. WARREN JUL 07 2017

COVER LETTER

| ro: | Registration Se Division of Cor | | | | |
|--------------|------------------------------------|---|--|---|--|
| | - | E MOBILE REPAIR LLC | | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| | | VICKIE L. HARRY | | | |
| | | | Name of Person | | |
| | SUNSHINE MOBILE REPAIR LLC | | | | |
| | | | FunvCompany | | |
| | | 314 NW LOWER SPRING | 3S RD | | |
| | | | Address | | |
| | | LAKE CITY, FL 32055 | | | |
| | | | City'State and Zip Code | | |
| | | vlharry1(a)hotmail.com | to be used for future annual report notif | | |
| For fu | rther information e | oncerning this matter, please ca | | teationy | |
| VICK | JE I HARRY | | 386 623-1272 | | |
| | Name o | f Person | at ()Daytime | Telephone Number | |
| Englo | sed is a check for th | ne following amount: | | | |
| ■ \$1 | 25,00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE MOBILE REPAIR LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Flori | ida Limited Liability Company) | _ |
|---|--|---|
| The Articles of Organization for this Limited Liability Florida document number <u>L06000032248</u> | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | imited 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 ADL | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | - | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Neglisered Writee . Idahess. | Enter Florida street address | <u></u> ; |
| | , Fle | orida |
| | • | Zip Code |
| New Registered Agent's Signature, if changing Register | | |
| I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang | l complete performance of my duties, an agent as provided for in Chapter 605, t wed office address, I hereby confirm the | d I am familiar with and F.S. Θr , if this document is at the limited hability S S S S S S S S S S S S S S S S S S S |
| | | - 1. ω - 2. . |

Page 1 of 3

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

| Title | <u>Name</u> | Address | Type of Action |
|--------|---------------------|-------------------------|----------------|
| /.b | WILLIAM JASON HARRY | 277 NW LOWER SPRINGS RD | |
| · —— — | | LAKE CITY, FL 32055 | ■ Remove |
| | | | ☐ Change |
| - | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
| | | | □ Change |
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| | | | Change |
| | | | |
| | | | Remove |
| | | | 17 Change 18 |
| | | | © 20 Add |
| | | · | Remove 5 |

| WILLIAM JASON HARR | LY HAS NO OWNERSHIP OF THIS LL | .C. | |
|---|---|--|--------|
| MANAGING MEMBERS | ARE WILLIAM II. HARRY AND VIC | KIE L HARRY ONLY | |
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| ective date, if other than th | he date of filing: | (optional) | |
| reffective date is listed, the date n | must be specific and cannot be prior to date of t | filing or more than 90 days after filing.) Pursuant to | |
| | Department of State's records. | tory filing requirements, this date will not be | . HSCC |
| | | | |
| record specifies a delay The 90th day after the re | | ective time, at 12:01 a.m. on the e | arlier |
| The John day after the re | ecord is filed. | | |
| JUNE 15 led | 2017 | | |
| | idh | 17 | |
| · Melier | Signature of a member or authorized repri | | |
| V | Signature of a member of authorized repr | esentative of a member | |
| | | | |

Page 3 of 3

Filing Fee: \$25.00