10900040803

(Requ	estor's Name)	
(Addr	ess)	
	ess)	
(City/S	State/Zip/Phone	e #)
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EXAMINER

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SECRUTARY OF STATE

COVER LETTER ,

TO:	Registration S Division of Co					
SUBJE	CT:	Hunt's Mobi	le Auto Repair LLC			
	Name of Limited Liability Company					
The end	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please i	return all corresp	ondence concerning this matter	r to the following:			
Roger Hunt						
Name of Person						
			Firm/Company			
			160 Bavarian Ave Sw			
			Address			
Palm Bay Florida 32908 City/State and Zip Code						
Ну			gradets5@hotmail.com to be used for future annual repor)		
For furt	her information	concerning this matter, please of		t nouncation)		
	1	Roger Hunt	at (321)	446-2298		
Name of Person			Daytime Telephone Number			
Enclose	ed is a check for	the following amount:				
\$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	e of Status &	
MAILING ADDRESS: Registration Section		STREET/CO Registration	OURIER ADDRESS: Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hunt's Mobile Au	to Repair LLC		
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	<u>y as it now appears or</u> ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company v Florida document numberL0900040803	vere filed on	4/28/09	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite" L.L.C."	xd Liability Company,"	the designation "LLC	C" or the abbreviation
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 offi registered agent and/or the new registered office address here:	ce address on our	records, enter the	name of the new
Name of New Registered Agent:			····
New Registered Office Address:			to the state of th
	Enter 1	Florida street addres	SEC:
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		טטנה	12 N
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr	ete performance of n	ny duties, and I am	familiar with and

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Address** Title **Name Type of Action** Mgrm Stacie Hunt 160 Bavarian Ave Sw ☐ Add √ Remove Palm Bay Florida 32908 ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 05/06/09 Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Roger Hunt

Filing Fee: \$25.00