L1000010099

(Requ	estor's Name))
(Addre	ess)	
(Addre	ess)	
(City/5	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL .
(Büsin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status

Special Instructions to Filing Officer:

L. SELLERS

JAN 19 2012

EXAMINER

Office Use Only



700215004527

12/12/11--01017---016 **30.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

12 JAN 18 PH 2: 31

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Mobile Ram Repair Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
timothy J. Gibala Name of Person
Mobile Rin Repair Firm/Company
9066 Jeanette Road Address
Jacksonville FL 32246 City/State and Zip Code qualliae I do lon Catt. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mobarick Abdulah at 904 863, 7355 Name of Person at Gode & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2011

TIMOTHY J. GIBALA 9960 JEANETTE ROAD JACKSONVILLE, FL 32246

SUBJECT: MOBILE RIM REPAIR LLC.

Ref. Number: L10000100939

We have received your document for MOBILE RIM REPAIR LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the amendment must be completed as well.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 811A00027923

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Rim Repair, LL me 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 9. 27. 2010 and assigned 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 end with 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 addiess

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 608, 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.

Citv

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

MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** Transthy J. Gibala MURM Add Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove **∏**Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 10 2012. Signature of a member or authorized representative of a member Mobarick Abdullah 111 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00