L13 OCCC 38531

(Reque	estor's Name)	
(Addre	ess)	
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(City/S	state/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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amend/ mame change

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D CUSHING

COVER LETTER

TO:		stration Secti sion of Corpo					
411115 111		Pay-Less Im	provements LLC				
SUBJE	CI:		Name of Lim	ited Liability Company			
The end	closed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please i	return	all correspond	lence concerning this matter	to the following:			
			Sergio Bautista				
			Pay-Less Improvements &	Name of Person Mobility ŁLC			
			17633 Gun Hwy	Firm/Company			
			Suite 204	Address			· · · · · · · · · · · · · · · · · · ·
			Odessa, FI 33556	City/State and Zip Code		년 중 2	在 100 100 100 100 100 100 100 100 100 10
For fur	ther in	formation con	E-mail address: (accorning this matter, please or	to be used for future annual report not all:	ification)	22	7. 000 7. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
Anny (813 735-7641		84 101 F8	OF STATE INPORATIONS
		Name of P	Person	Area Code Daytin	ne Telephone Number	ر 1	SECTIONS
Enclose	ed is a	check for the	following amount:				
□ \$25	5.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of \$ta Certified Copy (additional copy is en	tus &	

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

Pay-Less Improvements LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	inv as it now appears on our records.) Liability Companys	
The Articles of Organization for this Limited Liability Company	were filed on March 14,2013	and assigned
Florida document number L13000038531		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here;	
Pay-Less Improvements & Mobility LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		ाठ हेर्दि
		표 설계
		0 - 13m
Enter new mailing address, if applicable:	17633 Gunn Hwy	<u>. 70</u>
(Mailing address MAY BE A POST OFFICE BOX)	Suite 204	12 ST
	Odessa, Fl 33556	
		77 77
B. If amending the registered agent and/or registered o		ter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
		□ Remove	
			Change
			Add
		 	Remove
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated <u>.</u>	SBauthta
	Signature of a member or authorized representative of a member Sergio Bautista

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00