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COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	THE MOBILE GARAGE Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	ALEN BORCHES Name of Person
	THE MOBILE GARAGE
	Firm/Company
	7462 NW 1685T
	HIALEAH FL 33015
_	City/State and Zip Code THEHOBILEGARAGELLC @GHAIL. COM E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
ALEN BY	rson at (908) 247 - 1796 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
S25.00 Filing Fee C	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

THE HOBILE	GARAGE	
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on AUGUST 16, 2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the ne</u> <u>ress here</u> :	<u>ew</u>
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	S S
	, Florida Zip Code	5
New Registered Agent's Signature, if changing Registered		٠ ن :
provisions of all statutes relative to the proper and cor accept the obligations of my position as registered age	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability	

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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
AUBR	ALEN BORUTES	7462 NW 1685T HIALEAH FL	🗖 Add
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Effectiv	e date, if other than the date of filing:	s 0202 (2)(2) ****
(If an offer <u>Note:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 fthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	5.0207 (3)(b) ted as the
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