L16000211226

(Requestor's Name)
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SECRETARY OF STATE

K. SALY DEC 11 2017

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:		EPAIR ON THE GO, LLC				
SUBJECT,	Name of Limited Liability Company					
		Amendment and fee(s) are sub	-			
		KENAAN DAABOUL				
			Name of Person	•		
		·	Firm/Company			
		2638 HIDEAWAY LN				
		Address VALRICO, FL 33596				
		City/State and Zip Code				
		KENAANDAABOUL@HOTMAIL.COM				
For further i	nformation co	E-mail address: (oncerning this matter, please co	to be used for future annual report notif all:	ication)		
KENAAN	DAABOUL		813 451-7190 at ()			
	Name of	Person Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for th	e following amount:				
A \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

2011 DEC-8 PM 3: 26

TALLAHASSEE, FLORIDA

MOBILE REPAIR ON THE GO LLC

(Name 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 Comp	oany were filed on NOV	EMBER 18, 2016	and assigned
Florida document number L16000211226			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
Fast-n-Fair Mobile Mechanic LLC			
The new name must be distinguishable and contain the words "Limited I	iability Company," the design	gnation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ur records, <u>enter ti</u>	1e name of the new
New Registered Office Address:			
	Enter Florida	street address	,
		, Florida	
N	•		Zip Code
New Registered Agent's Signature, if changing Registered Agented Agent's Signature, if changing Registered Agented Agent's Signature, if changing Registered	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	y duties, and I am fa. apter 605, F.S. Or, ij	miliar with and this document is
ĪFO	Changing Registered Agent	t, Signature of New Regi	stered 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 = N	Manager Authorized Member	o manage, enter the title, name, and address of each person being ad FILED 2017 OFC -8 PM 3: 26 Type of Action			
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action	
			TAMASSEE, FLORIDA		
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	2017 DEC -8 PH 3: 26 SECRETARY OF STATE LORIDA
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E Effe	tive date if other they the date of films.
(If an e <u>Note</u> :	tive date, if other than the date of filing:
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	DECEMBER 06 Signature of a member or authorized representative of a member
	KENAAN DAABOUL, AMBR
	Typed or printed name of signee

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Filing Fee: \$25.00