L17000058416

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COVER LETTER •

	istration Sec ision of Corp					
SUBJECT:	WRIGHT T	OUCH MOBILE AUTO SER	VICES LLC			
Sobject.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	idence concerning this matter	to the following:			
		LORENZO D. WRIGHT S	SR.			
			Name of Person			
		WRIGHT TOUCH MOBI	LE AUTO SERVICES LLC			
			Firm/Company	<u> </u>		
		4920 KEITH PLACE				⊒£n.
			Address		1	STO.
		ORLANDO, FL 32808			17 HAR 27 PH 3: 41	至
			City/State and Zip Code		"	33
		wrighttouchmobileauto@gn			PH	20 C
		E-mail address: (1	o be used for future annual report notifi	ication)	بب	T. P. O. D.
For further in	formation co	ncerning this matter, please ca	ill:		<u> </u>	Ş
Lorenzo D. 1	Wright Sr.		407 486-5899 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 F	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 Statu Certified Copy (additional copy is encl		

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

WRIGHT TOUCH MOBILE AUTO SERVICE		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000058416</u>	mpany were filed on <u>03/14/2017</u>	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	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
<u> Principal office address MUST BE A STREET ADDRE</u>	<u> </u>	50.
		MAR 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		70
		3: -
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		المستقن حصير
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

the 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 Type of Action <u>Name</u> **Address** <u>Title</u> MGR Lorenzo D. Wright Sr. 4920 Keith Place ■ Add Orlando, FL 32808 _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Remove □ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

☐ Change

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fective date, if other than than effective date is listed, the date mote:  If the date inserted in this locument's effective date on the	ust be specific and cannot block does not meet the	applicable sta	f filing or more than autory filing requi	(optional) 90 days after filing rements, this date	.) Pursuant to 605.0207
record specifies a delaye The 90th day after the re		ut not an e	fective time,	at 12:01 a.m.	on the earlier of
March 21	2017				
ated					
1000	2	5r.			
// <del>/-/-</del>	Signature of a member	or authorized re	precentative of a me	mber	·

Page 3 of 3

Filing Fee: \$25.00