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(Re	equestor's Name)	
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TALLAHASSEE FLORIDA

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## **COVER LETTER**

TO: Registration Security Division of Corp.			
SUBJECT:	Fast Mechan Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jonath	an Shugart Name of Person	
		Firm/Company	. <del>.</del>
	10275	Kirchherr 1	Ave
	Hasting ursdad 600	City/State and Zip Code  5 @ a Mail. (Code)  to be used for Juture annual report	
		•	notification)
For further information co	oncerning this matter, please ca	all:	
Jonathan (	Shugart Person J	at ( OOU ) LOU Area Code Da	9- 2458 ytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Fast Mechanical 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 Company were filed on 3/8/2019 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 contain 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 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

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>	<u>Name</u>	Address	Type of Action
AR	Jonathan Shugan	4812 Avenue D	□Add
		4812 Avenue D St. Augustine, pc 32095.	<b>D</b> Bemove
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issues and I left the business und	er the
impression he dissolved the business.	About
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Saying they had just got their vehic	
from Fast Mechanical and It wasn	
	1 12 1
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anymore The Customer was very upsets	Alter me
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to be removed immediately.	
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retirent's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	) The 90th day after the
is filed.	
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