

L19000077004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

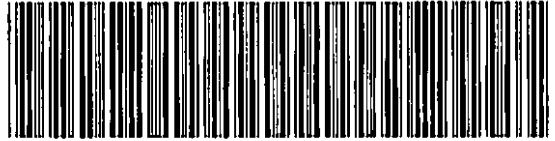
(Business Entity Name)

(Document Number)

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2021 MAR 22 P 1:30
MAR 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINGNUTS MOBILE MASTER MECHANIC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODNEY DAVIS

Name of Person

WINGNUTS MOBILE MASTER MECHANIC LLC

Firm/Company

549 N. GOLDENROD ROAD UNIT 14

Address

ORLANDO, FL 32807

City/State and Zip Code

TAXLADY56@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IONA COATES

904 536-9593

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

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

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ARTICLES OF ORGANIZATION
OF

WINONUTS MOBILE MASTER MECHANIC LLC

(Name of the Limited Liability Company as it appears on the records of the State of Florida)

The Articles of Organization for this Limited Liability Company were filed on 10/20/11

Florida document number L19000077004

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 office 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)

D. 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:

RODNEY DAVIS

New Registered Office Address:

549 N. GOLDENROD RD UNIT 14

Enter Florida street address

ORLANDO

Florida

32807

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.

(Signature of New Registered Agent)

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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

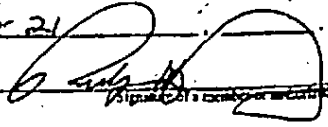
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODNEY DAVIS	549 N. GOLDENROD RD UNIT 14	☐ Add
		ORLANDO, FL 32807	☒ Remove
			☐ Change
AMBR	RODNEY DAVIS	549 N. GOLDENROD RD UNIT 14	☒ Add
		ORLANDO, FL 32807	☐ Remove
			☐ Change
TITLE M	IONA K COATES	5623 DARLOW AVENUE	☐ Add
		JACKSONVILLE, FL 32277	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph to 603.0037 (X)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not as effective date, at 12:01 a.m. on the earlier of: (b) The 60th day after the record is filed.

Dated 3-15-21



RODNEY DAVIS

Typed or printed name of signor

Filing Fee: \$15.00

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