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| (Rec                      | questor's Name)   |           |
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SEP 22 2020 S. YOUNG



## COVER LETTER

| TO: Registration Section Division of Corporations .   |
|---|
| SUBJECT: DOUBLE A Mobile Services, 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:   |
| Angelo Jean Name of Person  |
| Double A Mobile Services, LLC   |
| 5429 FOX Valley +11   |
| Lake Worth FL, 33463 City/State and Zip Code  |
| E-mail address: (to be used for future annual report abilitication)   |
| For further information concerning this matter, please call:  |
| Angelo Jean $at(\underline{561}) \underline{301-7157}$ Name of Person $at(\underline{560}) \underline{301-7157}$ Area Code Daytime Telephone Number                             |
| Enclosed is a check for the following amount:   |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

| Double A Mobil  | e Services, L  | -LC                                       |
|---|--|---|
| (A Florid   | ity Company as it now appears or<br>a Limited Liability Company) | rour records.)                            |
| The Articles of Organization for this Limited Liability C   | Company were filed on 64/  | 12/1019 and assigned                      |
| Florida document number <u>1900101271</u>   | <u> </u>   | 第二章 T                                     |
| This amendment is submitted to amend the following:   |  | 11.8                                      |
| A. If amending name, enter the new name of the lim  | ited liability company here:                                     |   |
| The new name must be distinguishable and contain the words "Lin   | nited Liability Company," the desig                              | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |   |
| (Principal office address MUST BE A STREET ADD)   | RESS)  |   |
|   |  | <del>_</del>                              |
|   |  |   |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>  |   |
|   | <del>-</del>   |   |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | d office address on our reco                                     | rds, enter the name of the new registered |
|   |  |   |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  | <del></del>                               |
|   | Enter Florida  | street address                            |
|   | City   | Florida                                   |
|   | •  | ı   |

#### 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  |
|-----------------|--------------|--|-----------------|
| MGR             | Amos Viellot |  | □Add            |
| MGR Angelo Jean |              | <del></del>                                  | □Remove         |
|                 |              | 5419 Fox Valley tr 1<br>Lake Worth, FL 33463 | <b>X</b> Change |
|                 |              | □Add   |                 |
|                 |              | □Remove                                      |                 |
|                 |              | 5429 FOX Valley +rl<br>Lake Worth, FL 33463  | <b>X</b> Change |
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| ffecti                        | re date, if other than the date of filing: 7 30 200 (optional) etive 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 605,0207   |
| an ene<br>l <mark>ote:</mark> | 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocum                          | nt'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  |
| l is til                      | d.  |
|                               |   |
| ated _                        | <del></del>   |
|                               | la ha a le 1  |
|                               | Angelo Jean Typed or printed name of signee   |
|                               | \ 1   |
|                               | $\wedge$  |