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(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

SUBJECT: Tri-COUNTY mobile auto service 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:

Julio Amavys Jose Bosario
Name of Person

Tri-COUNTY mobile auto service LLC
Firm/Company

14770 10th Barclay Dr Orlando FL 32837
Address

Orlando FL 32837
City/State and Zip Code

Tcmobileauto@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Amavys Jose Bosario at (407) 807-2432
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Tri-county mobile auto service 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 8/26/2019 an
Florida document number L19000217130

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 abbreviat

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 na
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Julio Amavys Jose Rosario

New Registered Office Address:

14270 lord Barclay dr

Enter Florida street address

ORLANDO

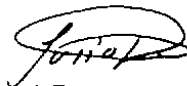
City

Florida 328

Zip Co

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 co
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia
company has been notified in writing of this change.*



Julio Amavys Jose Rosario

If Changing Registered Agent, Signature of New Registered

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated 9/16/2019 , _____

Leo R.

Signature of a member or authorized representative of a member

Julio Amaury José Rosario

Typed or printed name of signee