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TOTE MANAGEMENT TO

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COVER LETTER

Division of Corpo	rations		
SUBJECT: <u>Tri-cou</u>	NATY WOBITE QU Name of Limi	TO Service LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subi	nitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	JULIO AMAURYS	Jose Rosario Name of Person	
	Tri-county mo	bile <u>AUTo Service</u> Firm/Company	LLC
	14770 10rd B	Address	HO FL 32859
	OFLANDS FL	City/State and Zip Code Of GMa/L, Com obe used for future annual report in	
	Tc mohile a uTo E-mail address: (t	o be used for future annual report n	otification)
For further information con-	cerning this matter, please ca	ılı:	
Julio Amaurys Jos Name of Po	a <u>Rosario</u> erson	at (<u>407</u>) <u>807</u> Area Code Dayi	- Z 4 3 Z ime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fec	□ \$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 enclos

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

/ri-county mobil (Name of the Limi	e auto se	TUICO LL	s on our records.)	
(I-mile VI sit senior	(A Florida Limited Li	iability Company)	V V V V V V V V V V	
The Articles of Organization for this Limited L	iability Company v	were filed on	8/26/2019	an
Florida document number <u>L1900021</u>	17/30			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liabil	lity company he	<u>re</u> :	
				11
The new name must be distinguishable and contain the v	words "Limited Liabiiii	ty Company, the do	esignation "LLC or the	appreviatio
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				<u></u>
				AL
Enter new mailing address, if applicable:				TALLAHASSIC
(Mailing address MAY BE A POST OFFICE	BOX)			7
				<u> </u>
				- 5
B. If amending the registered agent and	or registered off	lice address on	our records, ente	r the na
registered agent and/or the new registered o				(- 6
Name of New Registered Agent:	Julio Ama	autys Jose	2 Rosario	
New Registered Office Address:	14270 lo	M Barcia Enter Flori	Y Vr ida street address	
	Obs AN	10	Florida	722
		City	, Florida _	Zip Ci
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 ac 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Ty</u> j
MGB	Ilio Rosario	14270 Lord Barclay Dr.	
		Orlando FL 32837	
MGR	Julio Amaury & Jose Rosario	14270 Lord Barclay Dr.	Œ
	, and the second	Orlando FL 32837	
			
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. If attlending a	my other information, enter change(s) here. (Ander dadiumat succes, y recessury.)
	
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(If an effective dat Note: If the da	, if other than the date of filing: 9/16/2019 (optional) e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure the inserted in this block does not meet the applicable statutory filing requirements, this date will ective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on t lay after the record is filed.
Dated 9/16	Signature of a member or authorized representative of a member
J	VIIN AMAURYS Jose 130 Sario Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00