120000015146

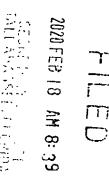
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900340760769

02/18/20--01014--006 **25.00



Anund

MAR 1 0 2020 LALBRITTON

COVER LETTER

				,
eun iret		R REPAIR & BOAT ACCESS	ORIES INSTALLATION LLC	
SUBJECT	·	Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
	Division of Corporations FL MOWER REPAIR & BOAT ACCESSORIES INSTALLATION LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Israel Rivera III			
		FL MOWER REPAIR & E	BOAT ACCESSORIES INSTALLA	ALLATION LLC company Ing. If Person SSORIES INSTALLATION LLC company Tess Ind Zip Code Inture annual report notification) Indication Indicatio
			Firm/Company	
		11110 NE 36th Avenue		
	### FL MOWER REPAIR & BOAT ACCESSORIES INSTALLATION LLC Name of Limited Liability Company			
			City/State and Zip Code	_
Anthony Fl. 32617 City/State and Zip Code Israelriii29@gmail.com				
		E-mail address: (to be used for future annual report notific	cation)
For further	r information c	oncerning this matter, please ca	all:	
Israel Riv	era III			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
F [] [Registration Solvision of C P.O. Box 632	Section Corporations 27	Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marke 10 M 8:39

FL MOWER REPAIR & BOAT ACCESSORIES INSTALLATION 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 01-08-2020 Florida document number <u>L20000015146</u> 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." 11110 NE 36th Avenue Enter new principal offices address, if applicable: Anthony Fl. 32617 (Principal office address MUST BE A STREET ADDRESS) 11110 NE 36th Avenue Enter new mailing address, if applicable: Anthony Fl. 32617 (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: Israel Rivera III Name of New Registered Agent: 11110 NE 36th Avenue New Registered Office Address: Enter Florida street address , Florida 32617
Ziv Code Anthony City

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	Darci N. Rivera	11110 NE 36th Avenue	□Add
		Anthony Fl. 32617	■Remove
			☐ Change
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Change
			□Add
			□Change
			□Add
			Remove
			□ Change

If amending any other informatio				_
				-
				-
				-
				_
				_
				_
				_
				_
				_
				
				_
Effective date, if other than the date in the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be prior ck does not meet the applica	ible statutory fifing require	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be li	05.0207 (I
ne record specifies a delayed effective ord is filed.	date, but not an effective ti	me, at 12:01 a.m. on the ea	rtier of: (b) The 90th day at	ster the
Dated February 12th	, 2020			
	Signature of a member of author	orized representative of a men	nber	
Israel Rivera III				
Islaci Kireta ili	Typed or print	ed name of signee		

Filing Fee: \$25.00