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## **COVER LETTER**

Registration Section

TO:

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Martin Neville Name of Person  Le Mobile Tree Hob Le C Firm/Company  35 Brueratew Bears Ont 1881  Address  Palm Coast, Fa 32 13 7  Cay/State and Zip Code  Marty Neville Grandl.com  E-mail address: (to be used for future unnual report notification)  For further information concerning this matter, please call:  Martin Name of Person  Area Code  170 920-1111  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\times 255.00 \text{ Filing Fee} \text{ S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)}  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee	Division of Corp	orations		
Please return all correspondence concerning this matter to the following:    Marfin   Neville   Name of Person	SUBJECT:	Le Mobile Tice Name of Limi	Hb LLC ited Liability Company	
Martin Neurlle Name of Person  The Mobile Tria Hob Lilic Firm/Company  35 Rivergrew Bear S (Ont 1821  Address  Palm Coast, Fr. 32137  City/State and Zip Code  Marty Neurlle G gnal.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Martin Neurlle Name of Person  at (770) Area Code  S25.00 Filing Fee S Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee				
The Mobile Tree Hub Luc	Please return an correspon	idence concerning and matter	to the following.	
Solutional copy is enclosed   Street Address: Registration Section   Division of Corporations   P.O. Box 6327   The Contract of Status   Division of Corporations   City/Nata and Zip Code   Marty . never the Garage Salar   Marty .		Martin	Name of Person	
Palm Coast, Ft. 32137  City/State and Zip Code  (Marty . New file @ gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Martin Number  The place of Person at (770) and place the following amount:  Enclosed is a check for the following amount:  Enclosed is a check f		The Mobile	Tree Hub LLC Firm/Company	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Matha   Neurlle		35 Riveruse	w Benz 5 (Onr.	<u>+1831</u>
For further information concerning this matter, please call:    Martin   Neurlle				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Area Code  at (770) Area Code Daytime Telephone Number  S50.00 Filing Fee & S50.00 Filing Fee & Certificate Opy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations P.O. Box 6327  Area Code Daytime Telephone Number  S60.00 Filing Fee. Certified Copy (certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee		E-mail address: (	. Neurlle @ gmail to be used for future annual report noti	•COM fication)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Area Code  at (770) Area Code Daytime Telephone Number  S50.00 Filing Fee & S50.00 Filing Fee & Certificate Opy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations P.O. Box 6327  Area Code Daytime Telephone Number  S60.00 Filing Fee. Certified Copy (certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee	For further information co	oncerning this matter, please ca	all:	
S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed)	2.0	- 4/		o - [ [ ] ] e Telephone Number
Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations P.O. Box 6327  Certified Copy (additional copy is enclosed)	Enclosed is a check for th	e following amount:		
Registration Section  Division of Corporations  P.O. Box 6327  Registration Section  Division of Corporations  The Centre of Tallahassee	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration S Division of Co	Section orporations	Registration Se Division of Cor	porations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Mobile Tire Hub 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 onand assigned
Florida document number <u>L 2 00000 17518</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
PWM Trust LLC.  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 offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
2020
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 name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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
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Filing Fee: \$25.00