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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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T. MATTHEWS
JAN 19 2022

COVER LETTER

ro: Registration S Division of Co		•	· ·
MOBILE :	SALES OFFICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KAROLY SZEKERES		
		Name of Person	
	MOBILE SALES OFFICE	E, LLC	
		Firm/Company	
	1165 Eldridge St		
		Address	<u> </u>
	Clearwater FL 33755		
	· ·	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Moreemi Szekeres		813 734-2134 at ()	
Name (of Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ S60.00 Filing Fee, - Certificate of Status & Certified Copy C (additional copy is enclosed
Mailing Addre	ss:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

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MOBILE SALES OFFICE, 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 I Florida document number 1.20000056334	Liability Company v	were filed on <u>02/24/2</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1165 Eldridge St Cle	earwater FL 33755
(Principal office address MUST BE A STRE.	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	r ROV)	1165 Eldridge St Clo	earwater FL 33755
B. If amending the registered agent and/or	registered office ac	ddress on our recor	ds, enter the name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Karoly Szekeres	;	
New Registered Office Address:	1165 Eldridge St	t	
		Enter Florida s	reet address
	Clearwater		Florida <u>33755</u>
		City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tyler Yonge	6987 E FOWLER AVE	
		TAMPA, FL 33617	■Remove
			□Change
			🗆 Add
			Remove
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Signiture of a member or authorized representative of a member	///	a Flear		

Filing Fee: \$25.00