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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: <u>M</u> €	Stopmobile	Truck Serv	ices Cilic
	Name of Linu	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	Bary Pila	Name of Person	<del></del>
		Firm/Company	<u> </u>
	549 ne 39	Address Address	.\
		FL 33734 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	ill:	
Bary P Name of	i'U''U''	at ( <u>954</u> ) <u>6 4 9</u> Area Code Daytime	-3992 Telephoric Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$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 enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
1.O. DUX 034	1	THE COURT OF I	arranassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE_STO[)_MOBILE	Truck & Service	os LLC
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our rec da Limited Liability Company)	<u>coras.</u> )
The Articles of Organization for this Limited Liability Florida document number \( \( \frac{2}{2} \) \( \frac{0001168}{2} \)	Company were filed on <u>04/30</u>	
This amendment is submitted to amend the following:		2020 00
A. If amending name, enter the new name of the lin	nited liability company here:	FILE 2020 DCT 19
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "l	LLC" or the abbreviation "L. L.C."
Enter new principal offices address, if applicable:		· 2: 
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	drive
	Enter viorida street ad	aress
	City .	, Florida Zip Code
	City	гар Соае

## 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 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
MGA	Bary Pierre	549 ne 34 Stree	<u></u>
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		549 ne 34 Street Oakland Park FC, 33334	Champe
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the cument's effective date on the Department of State's re-	e prior to date of fining a applicable statutory l	or more than 90 days after	filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective date.			The 90th day after the
cd 10/5/2020			
Bury Pierre Barry Pierre	r authorized represent	itive of a member	