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Amend

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COVER LETTER

Division of Cor	•		
SU BJE CT: <i></i>	UE THE MEC	CHANIC LLC ited Liability Company	
	Name of Lim	oted 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:	
	Dovis	Name of Person	
	DAVE THE MECHANIC ILC Firm/Company 1/02 PADDOCK COB DX Address PANAMA COM City/State and Zip Code DAVIO 4007 C HOTMAL, COM E-mail address: (to be used for future annual report notification)		
	1102 Propo	Address	
	PANAMA CU	City/State and Zip Code	32407
	E-mail address: (HOTMAIL, COM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
DAVIA P	Tyonns f Person	at (85°) 691 Area Code Daytime	7/26 e Telephone 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 Address:

Registration Section

TO:

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

Street Address: 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

(Axide of the Chin	(A Florida Limited Li	ability Company)	<u>surus.</u>)	
The Articles of Organization for this Limited	Liability Company v	vere filed on MAY 20	2, 2020	_ and assigned
Florida document number <u>L20000/3</u>	<u>9880</u> .			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "	"LLC" or the abbre	
Enter new principal offices address, if appli	cable:			. 020
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
				-p 1
Enter new mailing address, if applicable:			·····	12:
(Mailing address MAY BE A POST OFFICE	BOX)			
				<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address	0	ldress on our records, <u>er</u>	iter the name o	of the new registered
Name of New Registered Agent:	Davis	P THOMAS		
New Registered Office Address:	1102	PADDOCK (108 Enter Florida street ad	de Dr	
	Parana Ciry	1 Broch		32407

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, Mgnature 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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effective dat	e, if other than the date of te is listed, the date must be spec	f filing:	date of filing or more than 0	(optional)	t to ራበኝ በኃሳ
i <u>e:</u> If the d	ate inserted in this block doe	s not meet the applicab	le statutory filing require	ements, this date will not	be listed as
ument's ef	fective date on the Departme	nt of State's records.			
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