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(Re	questor's Name)	
(Ad	dress)	<u>-</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corp	porations			
SUBJECT:		10bile Mechanic ited Liability Company	, UC	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Samue	1 Zamarron Name of Person		
	<u>Sammy's</u>	Mobile Mechan Firm/Company	ic, UC	
		Dard St Address		
	labelle, FC	23935 City/State and Zip Code		
	Sammys mobi	Lemechanic@amai to be used for future annual report notif	COM	
For further information co	oncerning this matter, please ca	all:		
Samuel Z Name o	Camarron FPerson	at (<u>229</u>) <u>243</u> Area Code Daytime	3-7059 Telephone Number	_
Enclosed is a check for th	ne following amount:			Çş
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Fecu f Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810	F.D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sammy's M (Name of the Limited Liabi (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)
·	is submitted to amend the following: name, enter the new name of the limited liability company here: the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." cipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: s MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered enew registered office address here: of New Registered Agent: cipal office Address: Myra Zamarno in Bay St Enter Florida street address Florida 33935
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address:	282 E. Fay St Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and accept the obligations of my position as registered (t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability le.
	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	Myra Zamarron	108a E. Fay St	□Add
		Labelle FC 33935	💢 Remove
			□Change
MER	Samuel Zamarron	1074 E. Edward st	XAdd
		Labelle Fl 33935	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Affective date, if other than f an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific ar is block does not	nd cannot be prior to date of meet the applicable sta	of filing or more than	(optional) 90 days after filing.) rements, this date w	Suant to 605.0207
record specifies a delayed effed is filed.	ective date, but no	ot an effective time, at	12:01 a.m. on the e	arlier of: (b) The	90th day after the
Pated 4		, 2021			.)
	Signature offa	a måmber or authorized re	presentative of a me	mber	
	Musco		p		