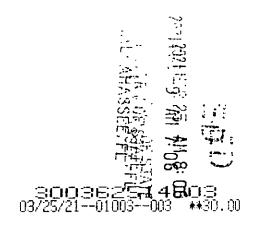
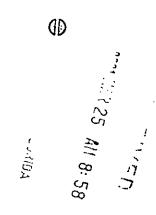


	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
☐ SICK-7	C WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<u>. </u>
Certified Copies	Certificates of S	Status
Special Instruction	as to Filing Officer	
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Office Use Only









COVER LETTER

Div	ision of Cor	porations			
CUDIECT.	ACCUTEK	MOBILITY LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		ALVIN ALGARIN			
			Name of Person		
		ACCUTEK MOBILITY L	LC		
			Firm/Company		
		412 N HAMPTON DR			
			Address		
		DAVENPORT, FL 33897			
			City/State and Zip Code	- 	
		ADMIN@ACCUTEKMOE	BILITY.COM		
		E-mail address: (to be used for future annual rep	ort notification)	
For further in	nformation o	oncerning this matter, please ea	all:		
ALVIN AL	GARIN		407 744-8 at ()	3376	
	Name o	f Person		Daytime Telepho	ne Number
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

· TO:

Registration Section

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

ACCUTEK MOBILITY LLC			
(Name of the Limited Liability (A Florida I	Company as it now appears on our re Limited Liability Company)	ecords.)	<u></u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/15/2021		_ and assigned
Florida document number L21000076550			
Florida document number L21000076550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>-</u> -	
			<u>::</u> :
	,	\$\frac{1}{2}\frac{1}{2	N)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, g	nter the name (it the new regist
		다. 기록	ထု 🖵
Name of New Registered Agent:			06
New Registered Office Address:	F. C. J.		
	Enter Florida street a		
	Cin	_, Florida	Zip Code
	- Suit		my cine

New Registered Agent's Signature, if changing Registered Agent:

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 complete the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	<u>Address</u>	Type of Action
AMBR	HUXELL, MICHAEL D	412 N HAMPTON DR	
		DAVENPORT, FL 33897	■Remove
			□Change
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[]Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
		
-		
		
ote: If	te date, if other than the date of filing:	nt to 605,020 be listed as
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th dd.	lay after the
M ated	MARCH +7 25 74 SAN 2021	
	Signature of a member or anthorized representative of a member	 -

Filing Fee: \$25.00