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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOOD DAY TAX Account Number : I20210000158 Phone : (407)301-1108 Fax Number : (407)440-3122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M.R. MOBILE AUTO REPAIR LLC

Certificate of Status	U
Certified Copy	0
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T. LEMIEUX

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COVER LETTER

то:	Registration Se Division of Cor		v.	•		
SUBJE	······································	LLC				
30,000		Name of Lin	nited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please i	return ali correspo	ndence concerning this matter	to the following:			
		GILBE	RTO M. RUFAT ALVARI	EZ		
			Name of Person			
		M.R. M	OBILE AUTO REPAIR L	LC		
			Firm/Company			
		1752 M.	ALVERN HILL CIR APT	203		
			Address			
		К	ISSIMMEE, FL 34747			
			City/State and Zip Code			
			.autorepair67@gmail.com			
			to be used for future annual re	eport notification)		
For fur:	her information co	oncerning this matter, please c	all:			
GII	LBERTO M. RU	FAT ALVAREZ	407 5	35-6533		
	Name of	Person	Area Code	Daytime Telephone Number		
Enclose	d is a check for th	e following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &		
	Mailing Address Registration S	ection	<u>Street Add</u> Registrat	Iress: ion Section		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
	Tallahassee, F			re of Tallahassee Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N	1.R. MOBILE AUTO REPAIR LLC		
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited	Liability Company were filed on	07/12/2021	and assigned
lorida document numberL21000316166	; 		
his amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liability company here	2:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our reco	ords, <u>enter the</u>	name of the new regis
Name of New Registered Agent:	RUFAT ALVAREZ, GILBERTO N	1.	2 A 3 G
New Registered Office Address:	1752 MALVERN HILL CIR. APT 2		
	KISSIMMEE	street address , Florid	
land Dunistance American Street	City	 -	>Zip Gode
ew Registered Agent's Signature, if changing	Kegistered Agent:		₹' 2

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

4074403122

GOOD DAY TAX

Aug 11 22, 11:46a

p.4

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
AMBR	ARDILA ANGULO, PAULA	1752 MALVERN HILL CIR. APT 203	🗆 Add
		KISSIMMEE, FL 34747	■Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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Aug 11 22, 11:46a GOOD DAY TAX 4074403122 p.5

								
								
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и an enective date <u>Note:</u> If the da	e is listed, the date to inserted in th	the date of fili: must be specific as is block does not be Department of	nd cannot be pri- : meet the appl	or to date of fili icable statutor	ng or more than ry filing requir	optional (optional) odays after filing amonts, this date) i.) Pursuant to 605.0: will not be listed	207 as
		o Department of	State 5 record					
e record specifie rd is filed.	es a delayed eff	ective date, but no	ot an effective	time, at 12:03	l a.m. on the ea	arlier of: (b) Ti	ne 90th day after t	he
Dated		AUGUST 11	2022	····································				
		SHE	2.					
		Signature of s	member or nut	horized remese	matica of a more	ıber		

Typed or printed name of signee