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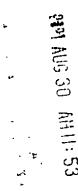
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COVER LETTER

Div	ision of Cor	porations	•	•			
	Triple A Me	obility LLC		٠			
SUBJECT:	Name of Limited Liability Company						
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Troy Johnson					
			Name of Person				
		Triple A Mobility LLC					
			Firm/Company				
		508 Dartmoor Ln					
			Address				
		Pensacola, FL 32514					
			City/State and Zip Code				
		troyjohnson180@yahoo.coi					
			to be used for future annual repor	t notification)			
For further in	nformation co	oncerning this matter, please of	all:				
Troy Johnson			850 316-719 at ()				
	Name of	f Person	Area Code Da	aytime Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 I	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)			
	iling Addres		Street Addres				
	gistration S		Registration	Section Corporations			
		orporations 7		of Tallahassee			
P.O. Box 6327			2415 N. Monroa Street, Suite 810				

Tallahassee. FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triple A Mobility LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/17/2021}{1}$ and assigned 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 abbreviation "LLC." 508 Dartmoor Ln. Enter new principal offices address, if applicable: Pensacola, FL. 32514 (Principal office address MUST BE A STREET ADDRESS) 508 Dartmoor Ln. Enter new mailing address, if applicable: Pensacola, FL. 32514 (Muiling address MAY BE A POST OFFICE BOX) دري B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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, 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
AMBR	Troy Johnson	508 Dartmoor Ln. Pensacola, FL. 32514	≣ Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b rument's effective date on the D	st be specific and cannot be pric ock does not meet the appl	or to date of filing or licable statutory fili		filing.) Purs	
cord specifies a delayed effectives filed.	e date, but not an effective	time, at 12:01 a.m	on the earlier of: (b) The 90tl	h day after t
ed	. 2021	·			
	Robert Willia Signature of a member or aut	ma Jan	oh-		

Filing Fee: \$25.00