Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

Phone

: (305)758-9001

Fax Number

: (786)410-6035

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

Email Address: CORPORATIONS@DCS-NETWORK.COM

## LLC AMND/RESTATE/CORRECT OR M/MG **RESIGN**

## LOU'S MOBILE MECHANICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



**Registration Section** 

TO:

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## **COVER LETTER**

(((H21000403547 3)))

Division of Cor	rporations				
	DBILE MECHANICS LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BIBI HURTADO				
		Name of Person	<del></del>		
	DEALER CONSULTING	SERVICES, INC.			
	-	Firm/Company			
	7537 NW 7TH AVE				
		Address			
	MIAMI, FL 33150				
		City/State and Zip Code			
	CORPORATIONS@DCS-		<del></del> _		
For further information c	oncerning this matter, please c	to be used for future annual report notificall:	auon)		
BIBI HURTADO		305 758-9001			
Name o	f Person	305 758-9001 at ()	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	<u>s:</u>	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000403547 3)))

lo: +18502456897

LOU'S MOBILE MECHANICS LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
he Articles of Organization for this Limited Liabi lorida document number <u>L21000369277</u>	ility Company were filed on 08/17/2021	and assigned
This amendment is submitted to amend the following	ing:	
. If amending name, enter the new name of th	ne limited liability company here:	
he new name must be distinguishable and contain the word:	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
inter new mailing address, if applicable:		
., .,		
Mailing address MAY BE A POST OFFICE BO		
s. If amending the registered agent and/or regisgent and/or the new registered office address h	stered office address on our records, enter the na	•
3. If amending the registered agent and/or registered affice address had a light section of the new registered office address had a light section of New Registered Agent:	stered office address on our records, enter the na	me of the new registe
s. If amending the registered agent and/or regisgent and/or the new registered office address h	stered office address on our records, enter the na nere:  Enter Florida street address	•
3. If amending the registered agent and/or registered affice address had a light section of the new registered office address had a light section of New Registered Agent:	stered office address on our records, <u>enter the na</u> nere:	282 NOV -1 P
3. If amending the registered agent and/or registered affice address had a light section of the new registered office address had a light section of New Registered Agent:	stered office address on our records, enter the nance:  Enter Florida street address  City	•

(3)

DocuSign Envelope ID: E2747FEB-338F-402C-8CB0 ABB955602F8E
II amenung Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000403547 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO LUIS F. MONTOYA JR	7306 NW 39TH ST		
		CORAL SPRINGS, FL 33065	Remove
		<del></del>	□Change
CEO	ADRIANA S. OSPINA	7306 NW 39TH ST	□Add
		CORAL SPRINGS, FL 33065	Remove
			□Change
MGR ADRIANA SERNA	7306 NW 39TH ST	≣Add	
	CORAL SPRINGS, FL 33065	LRemove	
			□Change
			□Add
			Change
			□Remove
			[]Change
		<del>-</del>	□Add
			□Remove
			□Change ((H21000403547 3))

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famending any other infor	J		·		
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fective date, if other than t	he date of filing:		(option	nal)	
an effective date is listed, the date in ote: If the date inserted in this	nust be specific and cannot block does not meet the	be prior to date of filing e applicable statutory	or more than 90 days after fi	ling.) Pursuant to	605.020 listed a
ocument's effective date on the	Department of State's	records.			
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ecord specifies a delayed effect is filed.	tive date, but not an effe	ective time, at 12:01 a	.m. on the earlier of: (b)	The 90th day a	ier the
					80.
OCTOBER 28TH		<u> </u>			1 - NON 18
OocuSgned by	:	-		121 - 100 -	-
250000000000	480 Signature of a member	or authorized	dive of a manhar		PH 1: 4
	and prignature of a member	or aumonized representa	inve of a member	03.17	
				74 €	_

Filing Fee: \$25.00