## L21000H14372

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## **COVER LETTER**

	Registration Division of C			
CUBIE		Mobile Mechanic Services, LLC		
SUBJEC	.1: <u></u>	Name of Lin	ited Liability Company	
The enclo	osed Articles (	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Deon Peart		
			Name of Person	
		Countrys Mobile Mechani	e Services, LLC	
			Firm/Company	
		295 Hound Run Pl		
			Address	. <u>.</u>
		Casselberry, FL 32707		
			City/State and Zip Code	<del></del>
		countrysmobilemechanicse	rvices@gmail.com to be used for future annual report n	art Cardian)
For further	er information	concerning this matter, please c	•	ottikanon)
Deon Pea	art		407 529-5213	
	Name	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed	is a check for	the following amount:		
<b>★</b> \$25.0	00 Filing Fee	S30.00 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)
•	Mailing Addr Registratior Division of		Street Address: Registration S Division of C	orporations
Ì	P.O. Box 63	327	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Countrys Mobile Mechanie Services, LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 9/20/2021	and assigned
lorida document number L21000414372		
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the li</u>	mited liability company here:	
he new name must be distinguishable and contain the words "U	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
		رين د م
. If amending the registered agent and/or register		name of the new regis
gent and/or the new registered office address here	į.	t
		-5
Name of New Registered Agent:		
New Registered Office Address:		맛
New Registered Office Audress.	Enter Florida street address	
	, Floríd	0
	, Fioria	ii Zip Code

## 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 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	Deon Peart	295 Hound Run Pl	<u> </u>
		Casselberry, FL 32707	□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			⊡Add
			□ Remove
			☐ Change
		<u></u>	□ Add
			□Remove
			Change
			□Add

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Tectiv	ve date, if other than the date of filing:	
ote: [	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.	:07 ( as 1
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.	ıe
	10/3/21	
ated <u>-</u>		
ated <u>.</u>	10/3/21  Deat Signature of a member or authorized representative of a member	

Typed or printed name of signee