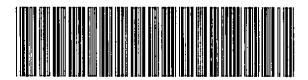
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | | | |
|---|--|--|---|--------------------|-------------|
| Davis Mot | oile Oil Change, LLC | | | | |
| SUBJECT: | Name of Lir | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | Robert Beauchamp | | | | |
| | | Name of Person | | | |
| | Beauchamp & Edwards | | | | |
| | | Firm/Company | | | |
| | PO Box 1777 | | | | |
| | | Address | | | |
| | Chiefland, FL 32644 | | | | |
| | | City/State and Zip Code | | | |
| | Robert@beauchampedward | | | ? | 072 |
| | . E-mail address: (| to be used for future annual report notifi | cation) | 1 . | |
| For further information of | oncerning this matter, please c | all: | | ٠ | 7071 HOY 30 |
| Robert Beauchamp | | 352 493-4808 at () | | | PH |
| Name o | f Person | | Telephone Number | : | PH 12: 55 |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Fili Certificate Certified (additional c | e of Stati Copy | |
| Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 | Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3 | orations Illahassee Street, Suite 81 | 0 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Davis Mobile Oil Change, LLC | | | |
|--|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our re Liability Company) | cords.) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000428794</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation " | LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | 202 | |
| | | <u> </u> | |
| | | مه در کنی در انداز د در انداز در | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | - | |
| | | | |
| | | 0 1 | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>en</u> | ter the name of the new registe | |
| N. B. C. LOG ALL | | | |
| New Registered Office Address: | Enter Florida street aa | ldress | |
| Florida | | | |
| | | , Florida Zip Code | |

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 |
|--------------|-----------------|---------------------|----------------|
| MGR | Virgel K. Davis | 11451 NW 76th Terr | □Add |
| | | Chiefland, FL 32626 | \equiv Remove |
| | | | □Change |
| MGR | Virgil K. Davis | 11451 NW 76th Terr | ≣Add |
| | | Chiefland, FL 32626 | □Remove |
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| fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing cote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records. | or more than 90 days aft | tional) er filing.) Pursu his date will no | ant to 605,0207 of be listed as |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.i is filed. | m. on the earlier of: (| (b) The 90th | day after the |
| November 16, 2021 | | | |
| / · · · · · · · · · · · · · · · | | | |
| * Ungil M. Marining Signature of a member or authorized representation | | | |