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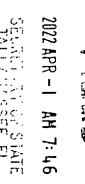
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations	·		
ON 143 443 6 W43	Patriot Mob	oile RV Repair LLC		•	
SUBJECT: Name of Limited Liability Company					
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jacqueline Quiroga			
			Name of Person		
		ZenBusiness INC			
		<u></u>	Firm/Company	-	
		5511 Parkcrest Drive STE	103		
			Address		
		Austin, Texas, 78731			
		-	City/State and Zip Code		
		fulfillment@zenbusiness.co		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual report not	iffication)	
For further in	iformation co	oncerning this matter, please ca	ill:		
Jacqueline Q	uiroga c/o Z	enBusiness INC	844 493-6249 at ()		
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F	iling 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 tadditional copy is enclosed)	
Reg	iling Address	Section	Street Address: Registration Se		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR - I AM 7: 46

Patriot Mobile RV Repair LLC	SEC	TELL STATE	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	SEC: TAL Lability Company)	LAHASSEE, FL	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000070008</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2880 David Walker Dr.		
(Principal office address MUST BE A STREET ADDRESS)	133		
	Fustis, FL 32726		
Enter new mailing address, if applicable:	2880 David Walker Dr.		
(Mailing address MAY BE A POST OFFICE BOX)	133		
	Eustis, Fl. 32726		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	
	Ciţy	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
AMBR	Shane Little	2880 David Walker Dr.	
		133	□Remove
		Eustis, F1, 32726	∃ Change
			Add
			□Remove
			□Change
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Effective date, if other than the d If an effective date is listed, the date must <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prio ck does not meet the appli	cable statutory filing r	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605,0207 (3 will not be listed as th
e record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated March 24th	. 2022			
/s/ Shane I	.ittle			
	ittle ignature of a member or auth	norized representative of	a member	

Filing Fee: \$25.00