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T. MATTHEWS
MAR 15 2022

COVER LETTER

TO: Registration Se Division of Cor		,	
SUBJECT:	Name of Lim	Obile Mecha	nic LLC
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Su	oan Martin	
	Iron	Mobile Mobile	Nechanic
		arnsted Dr. Address	
	River	View Ft 335 City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notif	omal. com
For further information co	oncerning this matter, please c	all:	
Supán P	Martin	at (\$\frac{\\$13}{\text{Area Code}}\) Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ironmen 1	Mobile Mecha	مرة الذك
(<u>Name of the Limited Liabil)</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number		117122 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
P. A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Maning unitess MAT BE A TOST OF FICE BOAT		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	ds, 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 st	reet address
	·	, Florida
	City	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 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 Title **Name Address** Type of Action AMBR Susan Martin 4504 Barnstead Dr Riveric PL 7578 □Remove __ □Change MgR Steven Remus 4504 Barnstead Dr. Revervor FL 33578 Remove □ Change □Remove _____ Change

____ □Remove

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n effe <u>ote:</u> I	re date, if other than the date of filing: 2 1 1 2 2 (optional) 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
	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
ted _	2/17kozz Steven Lenen
	Signature of a member or authorized representative of a member Steven Percentage Typed or printed name of signee

Filing Fee: \$25.00