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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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(Decument Number)
(Document Number)
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COVER LETTER

suвјест: <u>Мас</u> le	ne Mobile De Name of Limi	etating LCC.	
The enclosed Articles of Am	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
		Mobile Detail	
	1460	NW 79th Str	reet
		Miami FL 3 City/State and Zip Code	3147.
-	Marlene E-mail address: (to	mubiledetailinge o be used for future annual report hotif	gmail. Con
For further information conc	erning this matter, please ca	ıll:	
Jimmie les Name of Pe	e wats in III	at (213) 649- Area Code Daytime	6044 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 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 Sec	tion	Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

· TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MACLENE M	Obik 1)e	tailing	LLC		
(Name of the Limited L	ability Company as it lorida Limited Liability	n <mark>ow appears on our re</mark> Company)	cords.)		
The Articles of Organization for this Limited Liabil Florida document number 50035351325	= L2Z000:		/22 a	nd assigne	đ
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability co	mpany here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		pany," the designation "	LLC" or the abbreviat	ion "L. L .C."	,
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address	s on our records, <u>er</u>	TALLAHASSEE, FLAGT	2022 NOV 29 AH II: 02	∏ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Name of New Registered Agent:	Jimmie L	ee wats	on III		
New Registered Office Address:	1460 NO	Enter Florida street ac	trzz.+ ik		
_	May Cit		, Florida <u>22</u> Zip	Code	
New Registered Agent's Signature, if changing Regis	tered 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 Membe	r

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

(If an effective 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 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 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). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: (Coptional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (Dated Dated Dated	To whom it may concern this amendment	
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Signature of a member or authorized representative of a member	Dated	
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Typed or printed name of signee	James Loc was Son 111	