## L22000485033

(Re	questor's Name)	<del> </del>
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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2023 FEB -8 PM 4: 28 SECRETARY OF STATE

## **COVER LETTER**

Div	ision of Corp	orations			,		
SUBJECT:	Matt's Mobil	Matt's Mobile Welding & Repair, LLC					
1101111101		Name of Limited Liability Company					
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		Donna Thomas					
			Name of Person		-		
			Firm/Company		-		
		12811 Palmetto Pines Dr					
			Address		207 SE		
		Cape Coral, FL 33909			2023 FEB - SECRETA TALLA		
		dthomas900@aol.com	City/State and Zip Code		· 表型 <b>· 8</b>	Cartal Section	
For further in	nformation cor	E-mail address: (	to be used for future annual report notific	cation)			
Donna Thon			239 707-0100 at ( )		28 FL		
	Name of I	Person		Felephone Number	<del></del>		
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		
<u>Mai</u>	ling Address:		Street Address:				

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

TO:

Registration Section

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 OF

Matt's Mobile Welding & Repair, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/14/2022}{11/14/2022}$ and assigned Florida document number \_\_\_\_L22000485033\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Donna M Thomas Name of New Registered Agent: 12811 Palmetto Pines Dr New Registered Office Address: Enter Florida street address \_\_, Florida 33909 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.

City

Cape Coral

Donne M JJ 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>	Name	Address	Type of Action
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record specifies a delayed effectivis ified.	e date, but not	an effective t	ime, at 12:01	a.m. on the carl	ier of: (b)	The 90th	ı day af	ter the
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