

L22000512403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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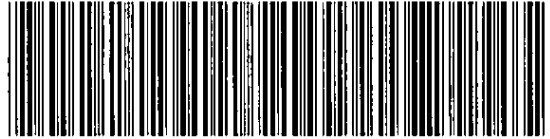
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 OCT -6 PM 2:26

Y. SCOTT

OCT 21 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O.M Tire Mobile Services

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darren McFarlane

Name of Person

O.M Tire Mobile Services LLC

Firm/Company

2061 Cove Lake Road

Address

North Lauderdale Florida 33068

City/State and Zip Code

omardarren31@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darren McFarlane

954 330-7107

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

O.M Tire Mobile Services 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 01/02/2023 and assigned
Florida document number L22000512403.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAC 31 Towing LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

2061 Cove Lake Road

North Lauderdale

Florida 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2061 Cove Lake Road

North Lauderdale

FL 33068

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alison McFarlane

New Registered Office Address:

4921 NW 48th Avenue

Enter Florida street address

Coconut Creek

Florida 33073

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.

A. McFarlane
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>	<u>Address</u>	<u>Type of Action</u>
Manager	Darren McFarlane	2061 Cove Lake Road	<input checked="" type="checkbox"/> Add
		North Lauderdale FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Alison McFarlane	4921 NW 48th Avenue	<input type="checkbox"/> Add
		Coconut Creek FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
STATE OF FLORIDA
DAVID L. STANLEY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 OCT -6 PM 2:26

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SECRETARY OF STATE
DIVISION OF RECORDS AND ADMINISTRATION
2023 OCT -6 PM 2:28

E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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.

If the record 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 record is filed.

Dated 10/04/2023

A. McFarlane

Signature of a member or authorized representative of a member

Alison McFarlane

Typed or printed name of signee