## L22000519961

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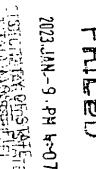
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## **COVER LETTER**

TO:

	Registration S Division of Co			
centra		chanic & Beyond, LLC		
SUBJEC	:	Name of Limi	ited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		Jerry L. Sprague	<u> </u>	
			Name of Person	
		Auto Wizard Mobile Repa	ir, LLC	<u></u>
			Firm/Company	
		75 Cindy Lane		
		<del></del>	Address	
		Ponce Inlet, FL 32127		
			City/State and Zip Code	
		flyboy35js@yahoo.com		
		E-mail address: (	to be used for future annual report not	ification)
For furth	ner information	concerning this matter, please c	all:	
Jerry L.	Sprague		845 796-8191 at ()	
	Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check for	the following amount:		
<b>≅</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 S		
		Division of Co The Centre of	•	
	Tallahassee			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobil Mechanic & Beyond, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 12/12/2022	and assigned
Florida document number L22000519961		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Auto Wizard Mobile Repair, LLC		_
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:	75 Cindy Lane	023
(Principal office address MUST BE A STREET ADDRESS)	Ponce Inlet, FL 32127	701
		多 切
Enter new mailing address, if applicable:		- 5 F H
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>	<u></u>	71 >>
		(T)
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:	Enter Florida street addres	
	-	
	, Fl	orida Zin 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
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	st be specific and cannot be prior to date of a lock does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605,0207 (3 tory filing requirements, this date will not be listed as the
he record specifies a delayed effection of is filed.	ve date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day after the
Dated January 4	2023	
Jerry La	Signature of a member or authorized repr	esentative of a member
Jerry L. Sprague		
	Typed or printed name of	Esignee

. . .

Filing Fee: \$25.00