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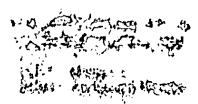
COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: Floric	la Mobile (on	tractor Acyants L	LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
		-	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person	Δ
	Florida Mo	Dile Contractor	HyentsLLC
	5584 ni	N 114th AVQ Address	
	Doral	FL 33178	
	Floridaa E-mail address: (1	CLENTS C Q G CACA	fication)
For further information con	ncerning this matter, please ca	ıll:	
Dashawn Name of		at (<u>305</u>) <u>337</u> - Area Code Daytim	e 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 6327	•	The Centre of T	•
Tallahassee, Fl		•	e Street, Suite 810

Tallahassee, FL 32303



TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Mobile Contractor Agents LLC

(Name of the Limited Liability Company as it now appears od our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number \(\sum_2 \) 23000 (63) This amendment is submitted to amend the follow A. If amending name, enter the new name of the think the control of the new name must be distinguishable and contain the work	ing: ne limited li	ability company here:		TALLAHASSEE.	ssigned
Enter new principal offices address, if applicab (<u>Principal office address MUST BE A STREET</u>	le:	5584 NI		ฟ ูบ์ฮี ง	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	205 Al Kissimo	bany D nee, FL	r - 3475	9
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered of the new registered of the new registered of the new registered agent and/or registered agent and/or registered of the new registered	<u>iere</u> :				
Name of New Registered Agent:	MUR	Dushawn 't	Brun		
New Registered Office Address:		Dushawn &	Ith Are	unt 21	٥_
	_	Enter Florida stre			
	<u> </u>	sual	, Florida	3317	G
	<u> </u>	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 Anthorized Person(s) anthorized 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
MGR	Dashieun Bruen	5584 nw /14th all w	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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	<u>5]</u> -	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00