L13000097903

	and the same	
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	TIAW [MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corpor		•	*
SUBJECT: MOD	ile Mech	anic Breward	
30B)ECT:	Name of Lim	ited Liability Company	<u>, , , , , , , , , , , , , , , , , , , </u>
The enclosed Articles of Arr	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	_ Philip	P Back	
		Name of Person	
	Owner 0+	Firm/Company	
	_	rum/company	
	1810 Win	dy Oak Cir	
		Oty/State and Zip Code	5
(Mobile Mecho	nicoreund LLO	gmail.com
For further information conc	erning this matter, please co	all:	
Kayla N Name of Pe	nartin	at (33) 587 Area Code Daytime	Telephone Number
		Area Cost Dayante	racprose ranoa
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & C'ertificate 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:		Street Address:	

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

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



August 13, 2023

PHILIP BACK 1810 WINDY OAK CIRCLE MELBOURNE, FL 32935

SUBJECT: MOBILE MECHANIC BREVARD, LLC

Ref. Number: L23000097903

We have received your document for MOBILE MECHANIC BREVARD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

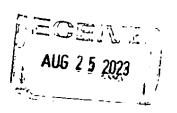
The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 623A00018467



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mobile Mechanic	14 (P C) CN C 1 C C C	325 PH 12: 11
(Name of the Limited Liability Comp (A Florida Limited	eany as it now appears on our records.) Liability Company)	 -
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000097903</u>	y were filed on <u>3 23 33</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	revistion "L.L.C."
Enter new principal offices address, if applicable:	1605 Alpha or	
(Principal office address MUST BE A STREET ADDRESS)	melbourne FL	39032
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			Change
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fan effectiv <u>Note:</u> Iftl	date, if other than the date of filing:	Pursuant to 605.0207 vill not be listed as
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated	August 21 2003.	
	Signature of a premiter or authorized representative of a member	<u> </u>
	A 1 pigname m agreemen or anniversentely escriptive or a mention	

Filing Fee: \$25.00