L23000333549

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

Division of Co	rporations				
MECHAN	IC MASTER, LLC				
NOBSECT.	Name of Li	mited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	hmitted for filing			
	ondence concerning this matte	-			
Trouble relation on corresp	since concerning has made	to the tonowing.			
	YASMANI DE LA TOR	RE			
		Name of Person			
	MECHANIC MASTER.	LLC			
		Firm/Company			
	1610 NW 9TH CT			ن ج	
		Address		SECRETARY OF STATALLAHASSEE, FL	44,00
	HOMESTEAD, FL 33030)		LLA SETY SUL	Category Taylor
		City/State and Zip Code		HAS HEY	
	mechanicmaster2022@gmi E-mail address:	ul.com (to be used for future annual report notific	ation)	OF S	
For further information c	oncerning this matter, please o				
YASMANI DE LA TOF	RE	786 391-9000 at ()		Lu.	
Name o	f Person		'elephone Number		
Enclosed is a check for the	ne 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 Certificate o Certified Co (additional cop	of Status & ppy	
Mailing Addres Registration S		Street Address: Registration Section	on		

Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it n A Florida Limited Liability C	now appears on our records.) Company)	
The Articles of Organization for this Limited Li Florida document number L23000333549	ability Company were fil	led on FLORIDA and assi	gned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability con	mpany here:	
N/A			
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	pany," the designation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if applica	ble: N/A		
(Principal office address MUST BE A STREE)	TADDRESS)	(.5	26
		TA	124
Enter new mailing address, if applicable:	N/A	LAHA	
Mailing address MAY BE A POST OFFICE BOX)		SSEE,	7
			ا تن
3. If amending the registered agent and/or re gent and/or the new registered office address	gistered office address o <u>here</u> :		ယ register
Name of New Registered Agent:	YASMANI DE LA TOR	RRE	
New Registered Office Address:	1610 NW 9TH CT		
		Enter Florida street address	
	HOMESTEAD	, Florida 33030	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

MECHANIC MASTER, LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	□Add
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