

L23000360377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

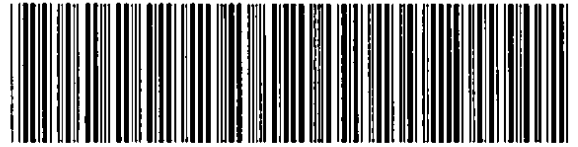
(Business Entity Name)

(Document Number)

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2023 SEP 11 AM 6:04  
STATE  
OFFICE, FL

R. HUNT  
08/14/23

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIKES MOBILE TIRE SERVICING LLC  
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:

RICHARD VIDOT SR.

Name of Person

Mikes Mobile Tire Servicing LLC

Firm/Company

120 CITRUS PARK CIRCLE

Address

BOYNTON BEACH FLORIDA 33436

City/State and Zip Code

sales@mikestireservicing.com

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

For further information concerning this matter, please call:

RICHARD VIDOT SR.

Name of Person

at ( 561 )

Area Code

702-5541

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

STATE  
TALLAHASSEE, FL  
2023 JUN 14 AM 6:04

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

**MIKES MOBILE TIRE SERVICING 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 JULY 31, 2023 and assigned  
Florida document number L23000360377

This amendment is submitted to amend the following:

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

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)**

**1735 SW 1ST STREET**

**OCALA FLORIDA 34475**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**1025 GATEWAY BLVD SUITE 303-225**

**BOYNTON BEACH FLORIDA 33426**

**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:

New Registered Office Address:

**1025 GATEWAY BLVD SUITE 303-225**

*Enter Florida street address*

**BOYNTON BEACH**

**Florida**

**33426**

*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**

**( ADDRESS  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL T. DELAROSA-VIDOT		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHELSEY K. VIDOT		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORMA D. VIDOT	1025 GATEWAY BLVD SUITE 303-225 BOYNTON BEACH FLORIDA 33426	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RICHARD VIDOT SR.	1025 GATEWAY BLVD SUITE 303-225 BOYNTON BEACH FLORIDA 33426	<input type="checkbox"/> Add
PLEASE CHANGE TO AMBR			
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1. PLEASE MAKE THE FOLLOWING CHANGES:

a) RICHARD VIDOT SR. - CHANGE TITLE FROM MANAGER TO AMBR OR AUTHORIZED MEMBER

b) REMOVE MICHAEL T DELAROSA-VIDOT AND CHELSEY K. VIDOT FROM THIS LLC

c) CHANGE REGISTERED AGENT'S ADDRESS.

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E. Effective date, if other than the date of filing: AUGUST 1, 2023 (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 Aug 9th, 2023

Signature of a member or authorized representative of a member

Richard Vidot SR.  
Typed or printed name of signee