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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: YO	312E GRAKES Name of Limit	S É. MURE LL (ted Liability Company	1
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	GODFREY!	THE MIPS	
	1,70,20	Name of Person	
	MOBILE BE	Firm/Company	a
		~	
	1522 Mr	RILE DR	
		Address	
	THILLAHAS	SEF FL 32	331
	ahaaalaha.	and of Color of a large of a	
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca		
COOLFREY	HomAS	at (<u>786</u>) <u>377</u> – 0 Area Code Daytime	6276
Name o	t Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ S25.00 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOBILE DRIVES & Y (Name of the Limited Liability Compar (A Florida Limited L	ORE LLC	our records.)
		•
The Articles of Organization for this Limited Liability Company	were filed on/	$\frac{10}{3034}$ and assigned
Florida document number <u>LAHOOOA3027</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design:	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	iddress on our recor	ds, enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	treet address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete	ee to act in this capa performance of my	acity. I further agree to comply with the 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
MER	GOLFREY THOMAS	TALLPHASSEE, FL 30301	CF/Add
			□ Remove
			□Change
	*		□Add
		·	□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Remove
			Change
			🗆 Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing:	0207 (3)(d as the
f 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 ecord is filed.	the
Dated 1/29/3022/ Signature of a member or authorized representative of a member	
SURROW THOMAS Typed or printed name of signee	

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