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## **COVER LETTER**

SUBJECT:	gy Mobile	Mechanic (	LC
	Name of Line	ted Liathity Company	
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:	
	Edwin .	A. Cruz.	
	D&Y MO	Dbile Mechan Firmicompany	nic LLC
	4747 21	57 SW Address	
	Lehi	9h ACICS, FL City/State and Zip Code edwin 199@gm o be used for future annual report notif	33973
	Villa 10605 (E-mail address: (t	edwin 189 @ gm o be used for future annual report notif	ail· com
For further information co	ncerning this matter, please ca	all:	
Edwin A.	Cruz	at ( <u>239</u> ) <u>200</u> Area Code Daytime	- 6688
rapric or	0		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	E \$30.00 Filing Fee & Certificate of Status	S55.00 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

Registration Section Division of Corporations

TO:

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 0/-19-2024 and assigned Florida document number <u>L 2 40000 35 46 1</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida <sub>-</sub>

## 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.

City

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
<del></del>	<del></del>		□Add
			□Remove
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	Dlagge Till the adding of
	Please Fix the address of the Register Agent section
7	the Register Agent section
	It appear as:
	CIUZ, Edwin A
	4747 215t lehigh Acres FC 33973
	Change to:
	4747 21ST SW 12high Acres FL 33973
<del></del>	
-	
Effective d	late, if other than the date of filing: $0/-17-2024$ (optional)
Note: If th	e 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)(in date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
the record spe cord is filed.	ecifies 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	03/08/2024
	Signature of a member of authorized representative of a member
	CMZ, Edwin A. Typed or printed name of signee

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

Filing Fee: \$25.00