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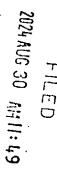
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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	D & S MOBILE MECHANIC LLC				
SOBJECT.		Name of Limi	ted Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return	i all correspo	ondence concerning this matter	to the following:		
		EDWIN A. CRUZ			
			Name of Person		
		D & S MOBILE MECHANIC LLC			
		·	Firm Company		
		4747 21ST			
	Address				
		LEHIGH ACRES FL 3397	3		
		City/State and Zip Code			
		VILLALOBOSEDWIN189			
			o be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please ca	ill:		
EDWIN A.	CRUZ		239 2006686		
	Name o	l'Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	n check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S		Street Address: Registration Sec	tion	

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

ŤO:

Registration Section

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

(Name of the Limited Liability Company as it now appe	urs on our records.)
(<u>Name of the Limited Liability Company as it now apper</u> (A Florida Limited Liability Company)	,
he Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	1/18/2024 and assigned
lorida document number 1.24000035461	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
Y S MOBILE MECHANIC LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	63
Principal office address MUST BE A STREET ADDRESS)	024
	2024 AUG
	3 -
	\mathbb{R}_{+}
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>

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 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
			TRemove
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<u> </u>			
			Remove
			\(\sum_\) Change
		 	
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Efective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Document's	ock does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605,020 filing requirements, this date will not be listed as
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
	2023	
AUGUST 20	2024	
ated AUGUST 20	Signature of a member or authorized represent	