

24000157187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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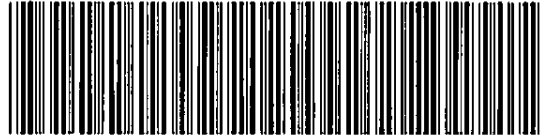
(Business Entity Name)

(Document Number)

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FILED
2024 APR 16 PM 5:41
CLERK OF SUPERIOR COURT
JULIA M. BROWN, CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael's Mobile Tire & Total Car Care
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:

Michael Spence
Name of Person

Michael's Mobile Tire & Total Car Care
Firm/Company

3001 NW 48th AVE APT 437
Address

Lauderhill LAKE FL 33313
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Spence at (754) 269-1591
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED

2024 APR 16 PM 5:41

Michael's Mobile Tire & Total Car Care

(Name of the Limited Liability Company as it now appears on our records) FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/02/2024 and assigned
Florida document number L24000157187.

This amendment is submitted to amend the following:

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

Michael's Mobile Tire & Total Car Care LLC

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)

3001 NW 48th AVE
APT 437 LAUDERDALE LAKE
FL 33313

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:

Michael Spence

New Registered Office Address:

3001 NW 48th AVE APT 437

Enter Florida street address

LAUDERDALE LAKE, FLORIDA 33313

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.

Michael Spence

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------------|---|
| AMBR | Michael Spence | 3001 NW 48 th Ave | <input checked="" type="checkbox"/> Add |
| | | APT 437 Lauderdale | <input type="checkbox"/> Remove |
| | | Lake FL 33313 | <input type="checkbox"/> Change |
| AMBR | Waianda Derisma | 3001 NW 48 th Ave | <input checked="" type="checkbox"/> Add |
| | | APT 437 Lauderdale | <input type="checkbox"/> Remove |
| | | Lake FL 33313 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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

[illegible]

E. Effective date, if other than the date of filing: 04/02/24 (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 _____,

ms
Signature of a member or authorized representative of a member

Michael Spence
Typed or printed name of signee

Filing Fee: \$25.00