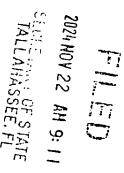


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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

YOUNGBI SUBJECT:	LOOD MOBILE REPAIR LLC	2			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	GLENN YOUNGBLOOD				
		Name of Person	.		
	YOUNGBLOOD MOBIL	E REPAIR LLC			
		Firm/Company	ode nual report notification) 368-9589 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed) Et Address: istration Section sion of Corporations		
	1050 SOUTH MARION R	COAD			
		Address			
	AVON PARK, FLORIDA	33825			
		City/State and Zip Code			
	F-mail address: (to be used for future annual report not	itication		
For further information c	oncerning this matter, please c	·	incurrent,		
GLENN YOUNGBLOO	D	863 368-9589			
Name of Person			ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Addres		Street Address:	ntion.		
Registration Section Division of Corporations		•			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED YOUNGBLOOD MOBILE REPAIR LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) 08/07/2024 TALLAHAS The Articles of Organization for this Limited Liability Company were filed on 1.24000346895 Florida document number 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 "LLC." 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 _

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.

Cin

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>	Type of Action
AMBR	PEGGY YOUNGBLOOD	1050 SOUTH MARION ROAD	= Add
		AVON PARK, FLORIDA 33825	□Remove
			□Change
			Change
			Remove
			□Change
			□Add
			Remove
			□Change
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fan effecti <mark>Note:</mark> If t	date, if other than we date is listed, the date the date inserted in this is effective date on the	must be specific an s block does not	id cannot be prior to meet the applica	to date of filing or more than the statutory filing	(option e than 90 days after ti requirements, this c	ling.) Pursuant to 605.02	207 (as t
record sp d is filed.	occifies a delayed effe	ctive date, but no	t an effective tir	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the	he
Dated	11-17 Hann		. 2024	<u>/</u> .			
	H	d.	[[]				
	- / LONN	Signature of a	member or autho	rized representative o	f a member		

Filing Fee: \$25.00