LIZOCOLO 7456

(Re	questor's Name)	
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——(Ad	dress)	<u>,</u>
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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K. SALY DEC 20 2016

COVER LETTER

	istration Secti ision of Corpo			
SUBJECT:	Detail Enterpr	rises, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Kenneth R. Noble		
			Name of Person	
		Course Masters, Inc.		
			Firm/Company	
		19662 Lost Creek Drive		
			Address	· · · · · · · · · · · · · · · · · · ·
		Estero, FL 33967		
		-	City/State and Zip Code	
		knoble365@gmail.com	16.6	4.6.
		·	to be used for future annual repor	rt noutication)
For further in	formation con	cerning this matter, please ca	all:	
Ken Noble			239 770-62°	76
	Name of P	erson		aytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Detail Enterprises, LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)		
The Articles of Organization for this Limited Liability Compariorida document number <a href="https://example.com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-comparing-com/limited-liability-com/liability-com/limited-liability-</th><th></th></tr><tr><td>This amendment is submitted to amend the following:</td><td></td></tr><tr><td>A. If amending name, enter the new name of the limited l</td><td>liability company here:</td></tr><tr><td>Washlinc, LLC</td><td></td></tr><tr><td>he new name must be distinguishable and contain the words " l<="" limited="" td=""><td>iability Company," the designation "LLC" or the abbreviation "L.L.C</td>	iability Company," the designation "LLC" or the abbreviation "L.L.C		
Enter new principal offices address, if applicable:	Washline, LLC		
Principal office address MUST BE A STREET ADDRESS	19662 Lost Creek Drive		
	Estero, FL 33967		
Enter new mailing address, if applicable:	Washlinc, LLC		
Mailing address MAY BE A POST OFFICE BOX)	19662 Lost Creek Drive		
	Estero, FL 33967		
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, enter the name of here:		
Name of New Registered Agent: Kenneth R.	Noble		
New Registered Office Address: 19662 Lost	Creek Drive .		
	Enter Florida street address		
Estero	, Florida ³³⁹⁶⁷		
	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.

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: FILED MGR = Manager 2016 DEC & PM 1:55 AMBR = Authorized Member **Address Type of Action** Title Name 🗀 Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove _□ Change □ Add □ Remove ☐ Change

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fective date, if other than the date of filing: 01/2 in effective date is listed, the date must be specific and cannot	01/2017		(optiona	l)
in effective date is listed, the date must be specific and canno ote: If the date inserted in this block does not meet the	t be prior to date of ne applicable statt	filing or more than 90 story filing requirer) days after filir nents, this da	ig.) Pursuant to 605.02 te will not be listed
cument's effective date on the Department of State's		, , ,	•	
record specifies a delayed effective date,	but not an eff	ective time, at	12:01 a.m	. on the earlier
The 90th day after the record is filed.				
, 01/01/2017 12:	01 a.m.			
ated				
Kenny R. W	de			
Signature of a member	r or authorized rep	resentative of a memb	per	

Page 3 of 3

Filing Fee: \$25.00