

L13000047926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

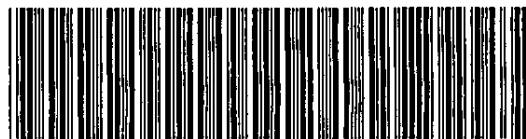
(Business Entity Name)

(Document Number)

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2PM APR 29 PM 6:26  
FALL ANASSSEE FLORIDA

APR 30 2013

D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Auto Overhaul On Site Detailing & Customization LLC  
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:

David spurlock

Name of Person

Auto Overhaul Onsite Detailing & Customization LLC

Firm/Company

16624 Tudor Grove Dr.

Address

Orlando FL, 32828

City/State and Zip Code

dspur321@aol.com

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

For further information concerning this matter, please call:

David Spurlock

407 538-6953

at ( )

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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

### STREET/COURIER ADDRESS:

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

FILED  
2018 APR 29 PM 6:26  
TALLAHASSEE FLORIDA

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

Auto Overhaul Onsite Detailing & Customization LLC

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

The Articles of Organization for this Limited Liability Company were filed on April 02, 2013 and assigned  
Florida document number L13000047926

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 end with 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)**

**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

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**

**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u>    | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|----------------|-----------------------|--------------------------------------------|
| MGRM         | David Spurlock | 16624 Tudor Grove Dr. | <input checked="" type="checkbox"/> Add    |
|              |                | Orlando, FL 32828     | <input type="checkbox"/> Remove            |
| MGR          | David Spurlock | 16624 Tudor Grove Dr. | <input type="checkbox"/> Add               |
|              |                | Orlando, FL 32828     | <input checked="" type="checkbox"/> Remove |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input checked="" type="checkbox"/> Remove |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |

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 OFFICE OF STATE  
 TALLAHASSEE FLORIDA

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

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Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

**David Spurlock**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2018 APR 29 PM 6:26**  
**CLERK OF CIRCUIT COURT**  
**TALLAHASSEE FLORIDA**