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To: Division of Corporations Fax Number : (859)617-6383 From: Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (497)888-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountantal taxzoneficam

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE CREW MOBILE DETAILING, LLC

C. BRUMBLEY

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COVER LETTER

TO:	Registration Se Division of Cor		,	· · · · · · · · · · · · · · · · · · ·
SUBJ	ест: ТНЕ	CREW MOBILE DE Name of Limi	TAILING, LLC. ited Liability Company	
The e	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Andri	EW WOLF Name of Person	
			Firm/Company	
		411 Det	M Creek LANE	ill 11 Names demand som a med Majorinian som de a 18 % ass
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		Wolftrus E-mail address: 1	City/State and Zip Code St (a) i cloud. Com to be used for future natural report north	cation)
For fu	ther information o	oncerning this matter, please co	ail:	
	Andrew Name o	U WOLF Person	at (407) 597 (7653 Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$ 2 \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Li \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mulling Address: Registration Section Division of Corporations P.O. Box 6327

Taliahassee, 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

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) SUITE. A CREANDO, FL. 32806 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered	THE CREW HOBILE DETAILING	~** ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	=
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 RE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (Delando, Fl. 32806) 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: (Delando) Florida 32806	(A Florida Limited Limited Limited Limited Li	ability Company)	<u>-</u>
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Enter Florida sirvet address Orlando Florida 32806	Name of New Registered Agent:	Andrew WOFF	-
Orlando Florida 32806	New Registered Office Address: 6		_
	Orla		
			•

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:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBIL	Priscilla A. QUENEDO	2161 CEDAR GARDEN DR	OAdd
		ORIANDO, FL 32824	fARemove
			Change
AMBR	Sharon Jurado	14551 Siplin Rd	Dadd
		Winter Garden, FL 34787	Remove
		The second secon	Change
MGR	Andrew Wolf	411 DEAN Creek LANE) /Add
		Orlando FL 32825	DRemove
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an effecti <u>ote:</u> lf	te date, if other than the date of filing:	filling.) Pursuant to 605.02
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b. d.	The 90th day after th
ited	12/7/2022.	
	Signature of a member or authorized representative of a member	
	Signature of a member of aumorized representative of a member	

Filing Fee: \$25.00