

W19000296832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

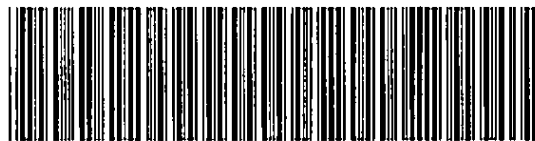
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2022 JUN -7 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FL

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68

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHADDAI AUTO DETAIL & CAR WASH 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:

JUAN GABRIEL MATEO MATEO
Name of Person
SHADDAI AUTO DETAIL & CAR WASH LLC
Firm/Company
2360 N FEDERAL HWY
Address
BOYNTON BEACH, FL 33435
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO V GOMEZ HERNANDEZ at (561) 313-3481
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 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
2022 JUN -7 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHADDAI DETAIL & CAR WASH, 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 12/04/2019 and assigned Florida document number L19000296832.

This amendment is submitted to amend the following:

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

DAMIAN AUTO DETAIL & CAR WASH, 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)

2360 N FEDERAL HWY
BOYNTON BEACH, FL 33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2308 MEADOWS CIR
BOYNTON BEACH, FL 33436

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: SERGIO V GOMEZ HERNANDEZ

New Registered Office Address: 208 MEADOWS CIR

Enter Florida street address

BOYNTON BEACH, Florida 33436
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.

Sergio Gomez
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	Sergio V Gomez Hernandez	208 MEADOWS CIR	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN G MATEO MATEO	3889 MELALEUCA LANE	<input type="checkbox"/> Add
		LAKE WORT, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 06/01/2022 (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 MAYO 30, 2022

Sergio Gomez
Signature of a member or authorized representative of a member

SERGIO V GOMEZ HERNANDEZ

Typed or printed name of signee