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TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	ocal DetCalini  ted Liability Company	
Ti and and Aminim of A	Amendment and fec(s) are subr	<i>-</i>	
Please return all correspon	idence concerning this matter t	to the following:	
	Tumas Sc	HANCK () Name of Person	
		Firm/Company	
	2834 For	CST Ln. Address	
	Savascta	FL 34231 City/State and Zip Code	
	E-mail address: ()	SCZNCUM: CZ to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca		
Unias Name of	Sajane K	at (941) 304 Area Code Daytime	-3370 e Telephone Number
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		Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

Tom's Boat (Name of the Limited Liability Com) (A Florida Limited	Detailing LLC pany as it now appears on our records.) I Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Compan		<u>のより</u> and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia  Tom's Detail  The new name must be distinguishable and contain the words "Limited Lial	ina 1 LC	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the nev	v registered
Name of New Registered Agent:			
New Registered Office Address:		797	
	Enter Florida street address	7.3	
	, Florida _	Zip Code	
New Registered Agent's <u>Signature,</u> if changing <u>Registered Agen</u>	City t:	Zip Code	•
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Oi	i familiar Witi r. if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

	~				

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Add
			□Remove
			□Change

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<del>.</del>	
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<del></del>	
(If an effective Note: If t	date, if other than the date of filing:
he record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 37th 2021.
	Signature of a member or authorized representative of a member
	TONYAS SUCCERCY Typed or printed name of signee