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COVER LETTER

TO: Registration So Division of Cor	ection porations		
SUBJECT:	Certified Mol	O'le Detailers	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevi,	Name of Person	
		Jile Detailers, LLC Firm/Company	
	206 SE W	Address	
	madison I	City/State and Zip Code	
		City/State and Zip Code 106. Kr (a) (a) (a) (b) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	n Tication)
For further information c	oncerning this matter, please ca	ill:	
Kevin Name o	Person	at (<u>386</u>) <u>249-5</u> Area Code Daytim	5095 ne Telephone Number
Enclosed is a check for the	ne following amount:		
✓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Certified Mobil	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2100145371</u>	mpany were filed on MACH 29, 2021 and assigned
This amendment is submitted to amend the following:	
	Ed liability company here: SPOC + CATION LLC d Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	TILED P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
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 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 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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iote:	ve date, if other than the date of filing:
recor Lis fil	d 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 ed.
ated	March 20, 2024
	Signature of a member or authorized representative of a member
	Levin (Koss

Filing Fee: \$25.00