

KZ1000239541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300367889063

06/16/21--01009--028 **60.00

2021 JUL 16 PM 1:15
FILING OFFICE
TALLAHASSEE, FL

FILED

D BRUCE
JUL 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Father & sons mobile car wash & detailing
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:

Christopher Mays
Name of Person

Father & sons mobile car wash & detailing LLC.
Firm/Company

1409 West 22nd Street
Address

Jacksonville Florida 32209
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Mays at (904) 802 1512
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

2021 JUN 16 PM 1:15

FILED

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

Father & Sons Mobile car wash & Detailing 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 5-17-21 and assigned Florida document number L21000239541

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 "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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mays Bernard	1409 West 22nd Street	<input type="checkbox"/> Add
		Jacksonville, FL 32209	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mays Christopher	1409 West 22nd Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mays Christopher	1409 West 22nd Street	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32209	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 JUN 28 PM 1:15
JACKSONVILLE
FL 32209

TABLE

2021 10:16 PM 1:16

(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)

Dated 5-17-21, _____

Signature of a member or authorized representative of a member

Christopher Mays
Typed or printed name of signee