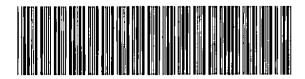
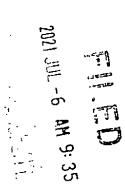
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600369261156



JUL 0 7 2021 ! ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/06/2021			<i>⇔WALK IN</i>
ENTITY NAME JD.Detai	ling L.L.C.		
DOCUMENT NUMBER_			
	PLEASE FILE TH	'E ATTACHED AND RETURN	
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	OTARIAL CERTIFICATION	
COUNTRY OF DESTINATI	YON		
NUMBER OF CERTIFICAT		<u> </u>	
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	······································
		-5 8 FM	
Please call Time at the	e, ahave, numhen kan	anu issues or concerns. Thank was s	ro much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD.Detailing L.L.C.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000301082</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
M3 Mobile Auto Detailing L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		د مارا
Trincipul office unitess 9051 DE A STREET ADDRESS		1 Marie
		<u>ज</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>့</u> ယ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the ne
Name of New Registered Agent:		
N. D. C. JOST ALL		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and l provided for in Chapter 605, F.S	am familiar with and I. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			☐ Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change

-				
		-	_	
			<u> </u>	
			_	
-				
fective date, if other than in effective date is listed, the date interest If the date inserted in this segment's effective date on the	must be specific and cannot s block does not meet th	he applicable statutor	ig or more than 90 days at	otional) der filing.) Pursuant to 605.0 his date will not be listed
record specifies a dela		but not an effec	tive time, at 12:0	La.m. on the earlier
The 90th day after the				
		21 ————·		
The 90th day after the i	· <u>20</u>	21		

Page 3 of 3

Filing Fee: \$25.00