#### Division of Corporations Electronic Filing Cover Sheet

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(((H09000242240 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number : I20000000082 Phone : (305)871-0889 Fax Number : (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAR FINESSE MOBILE DETAILING, LLC

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EXAMINER

### H 09 000 242W 0 3 COVER LETTER

TO: , Registration Section **Division of Corporations** CAR FINESSE MOBILE DETAILING, LLC SUBJECT: 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: YANELLE BARINAS Name of Person BARINAS & ASSOCIATES, INC. Firm/Company 5701 NW 36 ST Address VIRGINIA GARDENS, FL 33166 City/State and Zlp Code BARINASB@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YANELLE BARINAS 305) 871-0889 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$55.00 Filing Fec & \$60.00 Filing Fee, **[√**]\$30.00 Filing Fee & \$25,00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CAR FINESSE MOBILE DETAILING, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability (A Florida I	Company as it now appears on limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C. Florida document numberL06000108924	,	MBER 09, 200	06_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here;			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," t	he designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:			<del></del> ,	
(Principal office address MUST BE A STREET ADDR	ESS)			-
		·	<u> </u>	مِجَــ
			NON (	SICR
Enter new mailing address, if applicable:	···			
(Malling address MAY BE A POST OFFICE BOX)			<u> </u>	
			<u> </u>	<u> </u>
			ထု	另当
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ecoras, <u>enter ti</u>	ne name.ot	OF THE W
Name of New Registered Agent: LILIA	M M. RONDON			
New Registered Office Address: 4270	VINEYARD CIRCLE			
1.00	Enter Florida street address			
	WESTON	, Florida	33332	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performance of my tent as <del>provide</del> d for in Chapte.	duties, and I a. r 608, F.S. Or, if firm that the lim	m familiar w if this docume ined liability	ith and

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ALFREDO RONDON	752 CRESTING OAK CIRCLE ORI ANDO, FL 32824	Add Remove
MGRM	LILIAM M. RONDON	4270 VINEYARD CIRCLE WESTON, FL 33332	✓ Add Remove
MGRM	LUIS G. COCA	570 NW 129TH WAY PEMBROKE PINES, FL 33028	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	<u> </u>
		•	<u> </u>
			<del></del>
Dated	NOVEMBER 14  Signature of a me	2009 .	<del> </del>
		LILIAM M. RONDON	

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Filing Fee: \$25.00

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