

L07000110981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

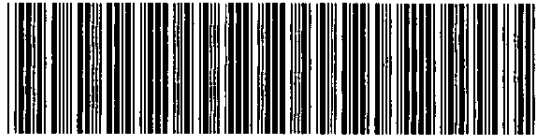
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500138713845

12/16/08--01032--005 \*\*25.00

FILED  
08 DEC 16 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAPENZI BEAUTY SUPPLY LLC**  
(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:

Robert Moeller

(Name of Person)

Jax City Mobile Detailing LLC

(Firm/Company)

1833 Ryar Rd.

(Address)

Jacksonville, Florida 32216

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Moeller

(Name of Person)

at ( 904 ) 444-7467

(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/COURIER ADDRESS:**

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

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

**FILED**  
08 DEC 16 AM 10: 35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAPENZIREALTY SUPPLY 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 11/01/2007 and assigned  
Florida document number 107000110981.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Jax City Mobile Detailing LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1833 Ryar Rd.

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville Florida 32216

Enter new mailing address, if applicable:

1833 Ryar Rd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville Florida 32216

**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:

Robert Moeller

New Registered Office Address:

1833 Ryar Rd.

*(Enter Florida street address)*

Jacksonville

*(City)*

, Florida 32216

*(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 608, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeremy Taylor	6216 FORDHAM CIRCLE EAST JACKSONVILLE, FL 32217 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert Moeller	1833 Ryar Rd. Jacksonville Florida 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

FILED  
08 DEC 16 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Robert A. Moeller  
\_\_\_\_\_  
Typed or printed name of signee