Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

: SWART BAUMRUK & COMPANY, LLP Account Name

Account Number : 120000000291 : (407)847-7466 Phone Fax Number : (608)399-1028

**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 NUKE'S MOBILE DETAIL, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu

Corporate Filing GenMCLEOD

5/27/2011

Fm:Swart Baumruk & Company - fax 407-847-To:Nukes Mobile Detail - ARTICLES OF AMENDMENT11:10 05/27/11GMT-05 Pg 02-04

(((H11000141371 3))) COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: | Nuke's Mo | obile Detail, LLC | | | |
|---------------------------|--|---|--|--|--|
| • | Name of Limi | ted Liability Company | | | |
| | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | condence concerning this matter | to the following: | | | |
| | | Candy McDonah | | | |
| | | Name of Person | | | |
| | Swart Baumruk & Company LLP | | | | |
| | | Firm/Company | | | |
| | 1101 Miranda Lane | | | | |
| Address | | | | | |
| | к | issimmee, FL 34741 | | | |
| City/State and Zip Code | | | | | |
| | E-mail address: (i | axes@sbc-cpa.com o be used for future animal report notifica | tion) | | |
| For fluther information | concerning this matter, please c | | • | | |
| | | | | | |
| | indy McDonah | at (407) 8- Area Code & Daytime T | 47-7466 | | |
| Maine | or reison | Adea Code & Daynnie i | etchnore (senine) | | |
| 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

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Fm:Swart Baumruk & Company - fax 407-847-To:Nukes Mobile Detail - ARTICLES OF AMENDMENT11:10 05/27/11GMT-05 Pg 03-04

(((H11000141371 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ni | uke's Mobile | e Detail, LLC | | | |
|--|-------------------------------------|--|-------------------------------|-------------------------|----------------------|
| (Name of the Limited (A | Liability Compa Florida Limited | ny as it now appea Liability Company) | is on our records.) | | |
| The Articles of Organization for this Limited Lie | ability Company | were filed on | 07/30/2008 | and assigned | |
| Florida document number L08000073 | 443 | | | | |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | Hity company he | <u>re</u> : | | |
| Nu | ke's Mobile D | Detailing, LLC | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Lun | ited Liability Comp | my." the designation "I. | LC" or the abbreviation | > ii |
| Enter new principal offices address, if applica | ible: | 2510 Deleon | Drive | <u> </u> | •: |
| (Principal office address MUST BE A STREET ADDRESS) | | DeLand, FL | 32724 | | |
| | | • | _ | E n | MAY |
| | | | | 38St ARA | <u>ω</u> <u>"</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2510 Deleon | | | PH |
| | | DeLand, FL 32724 | | | 12: |
| | | | | 윤택 | 0 |
| B. If amending the registered agent and/o registered agent and/or the new registered of | r registered of lice address her | Mee address on : <u>r</u> : | onr records, <u>euter f</u> l | he name of the ne | ω <u>Ψ</u> |
| Name of New Registered Agent: | ILICA CARLTON | | | | |
| New Registered Office Address: 2510 Deleon Drive | | | | | |
| Enter Florida street address | | | | | |
| | | DeLand | Florida | 32724 | |
| | | City | | Zip Code | |
| New Registered Agent's Signature, if changing R | egistered Agent: | | | | |

Page 1 of 2

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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.

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MGR - Manager

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:

| MGRM = M | lanaging Member | | |
|--------------|--------------------------------------|---|---------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Ilica Cariton | 2510 Deleon Drive Del and Ft 32724 | Add Remove |
| MGRM | Danny J Newcomm | 55 West Church Street, Suite 2707 Orlando, FL 32801 | Add 7 Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | AddRemove |
| | | | Add Remove |
| D. If amend | itug any other information, enter ch | hange(s) bere: (Auach additional sheets, if necessary.) | _ |
| | | | <u> </u> |
| | May 26 | 2011 | - |
| | Signature of a me | R. (arlfor) | ,, , = , |
| | | Ilica Carlton yped or printed name of signee | |

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Filing Fee: \$25.00