Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 Phone : (407)847-7466 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. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NUKE'S MOBILE DETAILING, LLC

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JUN - 8 2011

EXAMINER

(((H11000149910 3))) **COVER LETTER**

то:	Registration S Division of Co							
SUBJE								
00.2.			bile Detailing, LLC ited Liability Company					
The en	closed Articles of	f Amendment and fee(s) are su	buitted for filing.					
Please	return all corresp	ondence concerning this matte	r to the following:					
			,					
		Candy McDonah						
			Name of Person					
	Swart Baumruk & Company LLP							
	Fitm/Company							
	1101 Miranda Lane							
	Address							
	Kissimmee, FL 34741							
	City/State and Zip Code							
		E-mail address:	laxes@sbc-cpa.com to be used for finiting autimal report notifie	cation)				
For fiur	ther information	concerning this matter, please	zall:					
Candy McDonah		ndy McDonah	ar (407)8	347-7466				
	Name	of Person	Area Code & Daytime	Telephone Number				
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle				

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	Liability Compa Floride Limited	Detailing, LLC my as it new appears on Lability Company)	our records.)	-	
The Articles of Organization for this Limited Li	ability Company	were filed on	7/30/2008	and assigned	
Florida document number L08000073	443			•	
This amendment is submitted to amend the folk	wing:	,			
A. If amending name, enter the new name of	the limited lish	oldty company berg:			
The new name must be distinguishable and end with "L.L.C."	the words 'Lim	ited Liability Company."	the designation "	LLC* or the abbreviation	
Enter new principal offices address, if applica	able:	634 Firwood Court			
(Principal office address MUST BE A STREE	TADDRESS)	Altamonte Spring	s, FL 32714		
•				Z	
Enter new mailing address, if applicable:		634 Firwood Cou	<u>rt</u>	<u>%</u> 6	
Mailing address MAY BE A POST OFFICE I	Altamonte Spring	s, FL 32714	mic ≥		
		·		Es	
R. If amending the registered agent and/orepistered agent and/or the new revistered off Name of New Registered Agent:	r registered of the address her Jacob O'Bi	S :	ecords, enter	the name south news	
	634 Firwood Court Enter Florida street address				
New Registered Office Address:					
	Altamonte Springs		. Florida	32714	
		City	1.(0) 1031	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:	:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis	oper and comp tered agent as j	lete performance of m	v duties, and I o v 608, F.S. Or,	nn familiar with and if this document is	

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MGR - Manager

MGRM = Managing Member

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

<u>Title</u>	Name	Address	Type of Action
MGRM	ttica Cartton	2510 Deleon Drive Deland El 32724	Add Z Remove
<u>MGRM</u>	Jacob O'Bryan	634 Firwood Court Altamonte Springs, Ft. 32714	Add Remove
			Add Remove
			Add Remove
•	Maria Ma		Add Remove
			Add
D. Hameud	ing any other information, enter cha	nge(5) here: (Attach additional sheets, if necessary.)	
			
Dated	June 3	201/	
		ber or authorized representative of a member Jacob O'Bryan	·
•	Тур	ed or printed name of signee	
		Page 2 of 2	

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Filing Fee: \$25.00