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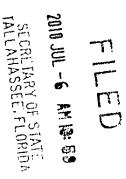
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C. LEWIS

JUL \$ 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Crossroads Mobile Detailin (Name of Limited L	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Ingrid M. Hooglander, Esquire	
(Contact Person)	
Law Office of Ingrid M. Hooglander	
(Firm/Company)	
330 Pauls Drive, Suite 225-5	
(Address)	
Brandon, Florida 33511	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Ingrid M. Hooglander, Esquire at (813 902-3576
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUL -6 AM 13: 53

CECRETARY OF STATE.

(Name of the Limited Lia (A Flo	ads Mobile Detailing, L bility Company as it now appear orida Limited Liability Company)	LC TALLAHA	SSEE, FLORIDA	
The Articles of Organization for this Limited Liabil Florida document number L1000003987	• • • —	04/13/2010	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.Ł.C."	e words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		_	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_	City	, Florida	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 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	Beth Ann Klein	11344 PALM ISLAND AVE. RIVERVIEW FL 33569	_☑ Add Remove
MGR	James C. Klein	11344 PALM ISLAND AVE. RIVERVIEW FL 33569	Add Remove
			Add Remove
: - :·			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	-
		TALLA MA	SECRIFIARS OF
Dated	× 20.04	·	TO SIANG
		authorized representative of a member printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00