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SECRETARY OF SIMIL

APR - 3 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT: High -	Intensity Detailing LLC.	
	Intensity Detailing LLC Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
-	Otto Delon Name of Person	
	Name of Person	
-	Firm/Company	
-	7337 Black Walnut Way	
-	City/State and Zip Code Otto delph @ 9mail. com E-mail address: (to be used for future annual report notification)	
	attodelon @ gmail.com	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
Otto Del Name of Pe	at (941) 224 - 7145 Area Code & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

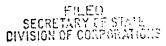
MAILING ADDRESS:

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



High Intensity Deta (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our reliability Company)	12 APR -2 AM 10: 45 cords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LINOOO39 757</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Detailing Solutions LLC The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the des	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	7337 Black M	Jainut Way		
(Principal office address MUST BE A STREET ADDRESS)	Lanewood R	anch FL		
	·	34202		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street address		
	, Florida			
	City	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

Page 1 of 2

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	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If ame	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY SESTED FILES STORY OF COSPOSA OF C	
Dated		<u>. </u>	H 10: 1-11	
	Otto V. [or authorized representative of a member Delph TV or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00