## L11000039757

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | s to Filing Officer:     |
|                      |                          |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  | •  | •  |
|--|--|--|--|
| SUBJECT:                                 | Detailing So<br>Name of Limit                | ded Liability Company  |  |
| The enclosed Articles of A               | mendment and fee(s) are subm                 | nitted for filing.   |  |
| Please return all correspon              | dence concerning this matter to              | o the following:   |  |
|  | Kelly L                                      | Ynn Conatse<br>Name of Person                                      | <u> </u>   |
|  |  | Firm/Company   |  |
|  | 5414 11+                                     | h St. Circle Address   | <u>E.</u>  |
|  | Bradento                                     | n FL 34Z<br>City/State and Zip Code                                | 03   |
|  | KL Conat<br>E-mail address: (to              | Ser 21@ smail  | t notification)  |
| For further information co.              | ncerning this matter, please ca              | ll:  | ·  |
| Kelly Cor                                | nat ser<br>Person                            | at ( <u>931)</u> 80<br>Area Code D                                 | 8 - 2309<br>aytime Telephone Number                                  |
| Enclosed is a check for the              | e following amount:                          |  |  |
| \$25.00 Filing Fee                       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | 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

## TO ARTICLES OF ORGANIZATION **OF**

FILED

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| Detailing Solutions   | SEURETARY OF STATE TALLAHASSEE, FLORIDA                            |
|---|--|
| Name of the Limited Liability Compar<br>(A Florida Limited I.   | ny as it now appears on our records.) Liability Company)           |
| The Articles of Organization for this Limited Liability Company   |  |
| Florida document number <u>L1100 00 39757</u> .   |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab   |  |
| (Same) Detailing Solutions L  | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 5414 11th St. Circle E   |
| Principal office address MUST BE A STREET ADDRESS)  | Bradenton, FL 34203  |
|   |  |
| Enter new mailing address, if applicable:   | 5414 11th St. Circle E.  |
| Mailing address MAY BE A POST OFFICE BOX)   | Bradenton, FL  |
|   | 34203  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  |
| Name of New Registered Agent: Kelly   | Conatser 11th St. Circle E.  |
| New Registered Office Address: 5414   | 11th St. Circle E. Enter Florida street address                    |
| Brade   | nton, Florida 34203 City Zip Code                                  |
| New Registered Agent's Signature, if changing Registered Agent;   |  |
| hereby accept the appointment as registered agent and agre  | ee to act in this capacity. I further agree to comply with th      |

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 605, 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

## Authorized Member being added or removed from our records:

| MGR = Ma $ AMBR = Au$ | anager<br>athorized Member |   |                |
|-----------------------|----------------------------|---|----------------|
| <u>Title</u>          | <u>Name</u>                | Address                                 | Type of Action |
| MGR                   | Otto V Delph               | 7337 Black Walnut Way                   | Add            |
|                       |                            | Lakewood Ranch, Fr                      | Remove         |
|                       |                            | 34202                                   | _              |
| MGR                   | Kelly L Conatser           | 5414 11th St. Circle E.                 | <b>X</b> Add   |
|                       |                            | Bradenton, Fl 34203                     | □ Remove       |
|                       |                            |   |                |
|                       |                            |   |                |
|                       |                            |   | □ Remove       |
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| <del></del>           |                            |   | □ Add          |
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| ١.                                 |                                    |   |                      |                                   |                 |                 |                                 |        |
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| fective da                         | e, if other t                      | han the date of   | f filing             | •                                 |                 |                 | (options)                       | n      |
| ne effective da                    | te must be spec                    | han the date of<br>eific, cannot be price<br>by the Florida Dep | or to date           | e of receipt or                   | iled date and c | annot be more   | (optional                       | i)     |
| ne effective da                    | te must be spec<br>cument is filed | ific, cannot be price   | or to date           | e of receipt or                   | iled date and c | annot be more   | (optional<br>than 90 days after | <br>l) |
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| ne effective da<br>ne date this do | te must be spec<br>cument is filed | eific, cannot be price by the Florida Dep                       | or to date           | e of receipt or stored of State)  |                 | annot be more   | than 90 days after              | i)     |
| ne effective da<br>ne date this do | te must be spec<br>cument is filed | eific, cannot be price by the Florida Dep                       | or to date partment, | 2014  2014  Delan                 |                 | ntative of a me | than 90 days after              | 1)     |

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