L11000011869

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2011 AUG 19 RM 1: 14
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

AUG 2 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:		ETAILING MOBIL, L ted Liability Company	LC	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
LUIS R. CALDERON Name of Person				
	DEI AID AC		e INC	
BELAIR ACCOUNTING SERVICES, INC. Firm/Company				
1631 E. VINE ST, STE H Address				
	V			
City/State and Zip Code			<u> </u>	
	E-mail address: (t	adlush@aol.com o be used for future annual report n	otification)	
For further information co	ncerning this matter, please c	all:		
JESUS Name of	R. ROSADO Person	at (352) Area Code & Day	409-0103 time Telephone Number	
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 enclo	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 AUG 19 PM 1: 14

IN DA HOUSE DETAILING MOBIL, LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 04/07/2011 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number _____L11000041869 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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** MGR RAFAEL MARTINEZ 117 RACHEL LIN LAND 📝 Add ST. CLOUD, FL 34771 Remove **JAVIER CARRION** MGRM 16455 NELSON PARK DR, APT 206 ☐ Add ✓ Remove CLERMONT, FL 34711 ☐ Add Remove Add Remove \prod Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 16** Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

JESUS R. ROSADO
Typed or printed name of signee