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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations						
SUBJECT:	RAD MOBII	LE DETAILING LLO				
	Name of Lim					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		Joe M. Teston, CPA				
		Name of Person				
	Gilman Ciocia					
	Firm/Company					
	14802 N. Dale Mabry Hwy, Ste 101					
		Address				
		Tampa, FL 33618				
•		City/State and Zip Code				
	F-mail address:	oe.Teston@gtax.com (to be used for future annual repo	ort notification)			
For further information	concerning this matter, please		n nomeanon)			
			004.0==			
	M. Teston, CPA	at (813_)	264-2555 Daytime 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 er	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis	LING ADDRESS: stration Section ion of Corporations	Registration				
	Box 6327	Clifton Buil	Corporations ding			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAD MOBILE DETAILING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on	07/25/2011	and assigned
Florida document numberL11000085901			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	l Liability Company	," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our	records, enter th	e name of the new
•		· 5	جہ ہخ
Name of New Registered Agent:			- C
New Registered Office Address:			
	Enter	Florida street addr	P P M
	 City	, Florida	27th 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

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	Paul Weinberger	5304 Riddle Road Holidav. FL 34690	Add
<u>MGR</u>	Craig Arndt	5304 Riddle Road Holiday, FL 34690	Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	
_			
	Navarda 7		
Dated	November 7, ,	2011 2MW	
	Signature of a	member or authorized representative of a member	
		Paul Weinberger Typed or printed name of signee	

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Filing Fee: \$25.00