L11000130184

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

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TO:

Registration Section Division of Corporations

SUBJECT:	K-Nine Mo	bile Detailing, LLC		•		
	Name of Lim	ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Jacqui S. Prince				
		Name of Person				
	K-Ni	ne Mobile Detailing, L	LC			
		Firm/Company				
	160	W. Camino Real, #1	16			
	Address					
	В	oca Raton, FL 33432				
	City/State and Zip Code					
	jpr E-mail address: ((ince@k9phoenix.com to be used for future annual rep	notification)			
For further information of	concerning this matter, please c	•	or notification)			
Jac	cqui S. Prince	at (855)	564-6348 ext 702			
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en		Status &		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2011

JACQUI S. PRINCE 160 W. CAMINO REAL, #116 BOCA RATON, FL 33432

SUBJECT: K-NINE MOBILE DETAILING, LLC

Ref. Number: L11000130184

We have received your document for K-NINE MOBILE DETAILING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 011A00027979

of a medical superior of process

TO THE SECOND SECTION OF THE PROPERTY OF THE P

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

• • • • • • • • • • • • • • • • • • • 	Nina 14abila l	Dotalling I.I.C			· · · · · ,
Name of the Limite	NITE MODUE I Liability Compa A Florida Limited L	Detailing, LLC ny as it now appears o lability Company)	n our records.)	A. 10 A.	
The Articles of Organization for this Limited I Florida document numberL1100013	iability Company			_	٠,
This amendment is submitted to amend the fol	lowing:	•			
A. If amonding name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and end w	ith the words "Limi	ted Liability Company,	" the designation "X	LC" or the abbrevi	ation
Enter new principal offices address, if appli	350 Camino Ga	rdens Drive, #2	202		
(Principal office address MUST BE A STREET ADDRESS)		Boca Raton, FL	33432		_
•	· :			,	
Enter new mailing address, if applicable:			4		
(Mailing address MAY BE A POST OFFICE	BOX	1			<u></u>
B. If amending the registered agent and registered agent and/or the new registered agent. Name of New Registered Agent:	office address her		records, <u>enter</u>	he rame of the	new
	***************************************	Gardens Drive,	¥202		·· .
Now Registered Office Address:	000 0011111	······································	Florida street ada	ress	
taren errora errora errora.		Boca Raton		33432	
		City	Florida	Zip Code	
New Registered Agent's Signature, if changing	Reciptered Agent				
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and comp pistered agent as registered office s change.	plete performance of provided for in Chap e address I hereby c	my duties, and I over 608, F.S. Or, on firm that the li	am familiar with if this document nited liability	and

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, same, and address of each Manager or Managing Member being added or removed from our records:

. MGRM = !	Managing Member		
Title	Name	Address	Type of Action
MGR'	K-Nine & Phoenix Enterprise	160 W. Camino Real, #116 Boca Raton, Fl. 33432	Add Remove
			Add Remove
			Add
v			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter chang	ge(s) bere: (Attach additional sheets, if neces	sary.)

_			
Dated	December 12	1/2 ce	·
		r or suthorized representative of a member	<u> </u>
	Туры	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00