

L12000106301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 18 2014

D. BRUCE

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The  
Freeland  
Eddie  
Law Group, P.A.

Shelli Freeland Eddie, Esq.

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: AMENDMENT OF ARTICLES OF ORGANIZATION  
T & L High End Detailing, LLC  
Document Number: L12000106301

To Whom It May Concern:

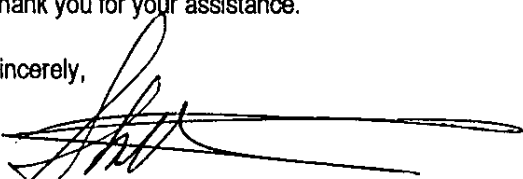
Please find enclosed the following related to the above-styled LLC:

1. Cover Letter;
2. Articles of Amendment to Articles of Organization;
3. Check payable to Florida Department of State in the amount of \$30.00 (filing fee & Certificate of Status);  
and
4. Receipt dated 3/10/2014 documenting online filing of Reinstatement.

Kindly process the enclosed at your office's first opportunity. For any questions regarding this matter, kindly contact my office directly at (877) 328-3036, or via E-mail at: [freelandeddielaw@gmail.com](mailto:freelandeddielaw@gmail.com).

Thank you for your assistance.

Sincerely,



Shelli Freeland Eddie, Esq.  
Incorporator of T & L High End Detailing, LLC.

W/Encl.

Cc: Tommie Battie, Jr.

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: T & L High End Detailing, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Shelli Freeland Eddie, Esq.**

Name of Person

**The Freeland Eddie Law Group PA**

Firm/Company

**P.O. Box 592**

Address

**Sarasota, FL 34230**

City/State and Zip Code

**tbattie2011@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Shelli Freeland Eddie**

Name of Person

**877 328-3036**

at (Area Code)

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 enclosed)

☐ \$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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 17 PM 5:06

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**T & L High End Detailing, LLC**

The Articles of Organization for this Limited Liability Company were filed on 09/27/2013 and assigned Florida document number L12000106301

**A. If amending name, enter the new name of the limited liability company here:**

**T & L Auto Detailing, LLC**

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)**

**3026 Lockwood Lake Circle**

**Sarasota, FL 34234**

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

**P.O. Box 4006**

**Sarasota, FL 34230**

**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*

\_\_\_\_\_, **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 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**

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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ALLEN, MISSISSIPPI

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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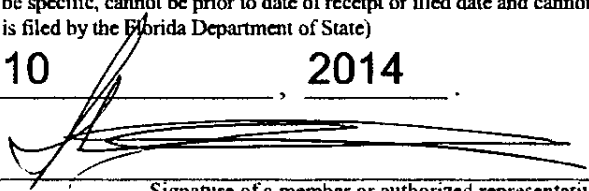
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **March 10**, **2014**



Signature of a member or authorized representative of a member

**Shelli Freeland Eddie, Esq.**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA