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COVER LÉTTER

TO: Registration Section Division of Corporations
SUBJECT: PINPOINT PRECISION AUTO 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:
KAREN SANTIAGO Name of Person
KS ACCOUNTING, INC.
5003 SW 92 TERRACE
COOPER CITY FL 33328
Pinnoint_ovecision@yahobeom
For further information concerning this matter, please call:
Name of Person at (954) 245 - 7325 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee SCErtified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (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

PINPOINT PRECISION (Name of the Limited Liability Company)		, LLC
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L1200012486}$	10/01/20	12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil PINPOINT PLECISION DET. The new name must be distinguishable and contain the words "Limited Liability".	AIL, LLC.	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5003 SW 92 T COOPER CITY; F	ERRACE L 33328
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	ZEUREIARY O
B. If amending the registered agent and/or registered off		themane of the nev
Name of New Registered Agent:	······	
New Registered Office Address:	Enter Florida street address	
	, Florida	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective an effecti	date, if other the date is listed, the	han the date date must be s	e of filing: pecific and ca	unnot be prior to c	late of tiling or	more than 90	(optional) days after filing.)	Pursuant to 6	505.0207
	the date inserted in Seffective date (e statutory fil	ing requirem	ents, this date v	vill not be l	isted as
	d specifies a			te, but not a	n effective	time, at	12:01 a.m. d	on the ear	rlier of
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Dated	<u>July</u>	17.		2017	,				
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Filing Fee: \$25.00