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Certified Copies	Certificates of S	Status
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Treas	ure Coast Auto S	pa - Mobile Betailing Company	ng, LLC_
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Nely Castro	Name of Person	
	Treasure Coast	Firm/Company	Detailing, LC
	3460 SIN De	ggeller Ct. Address	<del></del>
	Palm City.	FL 3499 D City/State and Zip Code	
	<u>E-mail address:</u>	ling 123 egmail . com	) ification)
For further information c	oncerning this matter, please o	all:	·
Nely Name o	Custro	at ( <u>772</u> ) <u>204</u> - Area Code Daytim	128 6 ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	7	Division of Cor The Centre of T	allahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	etailing, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 3/4/2013 and assigned					
Florida document number _L13000032778					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Treasure Coast Auto Spa + Mobile The new name must be distinguishable and contain the words "Limited Liabi	Detailing, LLC lity Company," the designation "LLC" of	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3460 SW Deggeller	r Court			
(Principal office address MUST BE A STREET ADDRESS)	Palm City, FL 3				
Enter new mailing address, if applicable:	Same as above.	2020 SECUL			
(Mailing address MAY BE A POST OFFICE BOX)		A TI			
		> 0			
		SER PR			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flori				
	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 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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			□Remove
		<del> </del>	□Add
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(If an effe	ve date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	March 4, 2020.
	Signature of a member or authorized representative of a member

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