

L13000125620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

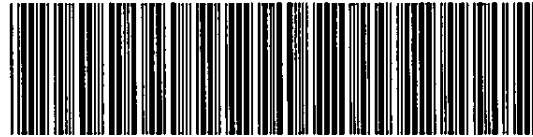
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/14--01006--010 **25.00

CLERK OF SUPERIOR COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF FLORIDA

2014 MAR 18 PM 12:19

FILED

MAR 19 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingsley's Mobile Detail 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:

Kingsley Villalba

Name of Person

Kingsley's Mobile Detail, LLC

Firm/Company

13742 NW 20th. ST

Address

Pembroke Pines FL 33028

City/State and Zip Code

kingsleyvillalba@yahoo.com

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

For further information concerning this matter, please call:

Kingsley Villalba

Name of Person

at (754) 423-0885

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

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2014 MAR 18 PM 12:19
TALLAHASSEE, FL 32301
DIVISION OF STATE
CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kingsley's Mobile Detail, 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 were filed on 09/06/13 and assigned
Florida document number L13000125620.

This amendment is submitted to amend the following:

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

Kings One 1 Mobile Auto Salon 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:

13742 NW 20th. ST

(Principal office address MUST BE A STREET ADDRESS)

Pembroke Pines FL 33028

Enter new mailing address, if applicable:

Same as Above

(Mailing address MAY BE A POST OFFICE BOX)

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:

13742 NW 20th. ST

Enter Florida street address

Pembroke Pines

City

Florida 33028

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

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MAR 18 PM 12:19
CLERK OF STATE
TAMASSI FLORIDA

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 2014 MAR 18 PM 12:19
 CLERK OF DISTRICT COURT
 DISTRICT OF COLUMBIA

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

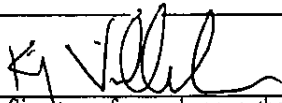
N/A

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

3/14/14



Signature of a member or authorized representative of a member

Kingsley Villaiba

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 MAR 18 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA