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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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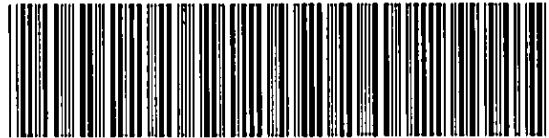
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: At Your Service Mobile Detailing & Pool Care 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:

Daniel Wilson
Name of Person

At Your Service
Firm/Company

11714 Lake Blvd.
Address

Trinity, FL 34655
City/State and Zip Code

Atyourservice34@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Wilson at (727) 410-5134
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
DIVISION OF CORPORATIONS
19 DEC -2 PM 9:32

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

At Your Service Mobile Detailing & Pool Care 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 11/12/2013 and assigned
Florida document number L13000158159.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

11714 Lake Blvd.
New Port Richey, FL 34655

Enter new mailing address, if applicable:

(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:

11714 Lake Blvd.

Enter Florida street address

New Port Richey

City

Florida

34655

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:

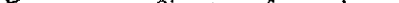
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Title President	Daniel Wilson	Pro Box 3615	<input type="checkbox"/> Add
		Holiday, FL 34691	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Ja'Dan Maya Wilson	11714 Lake Blvd.	<input type="checkbox"/> Add
		New Port Richay, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Wilson	11714 Lake Blvd.	<input checked="" type="checkbox"/> Add
		New Port Richay, FL 34655	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 29th, 2019


Signature of a member or authorized representative of a member

Daniel Wilson
Typed or printed name of signee