L13000/166582

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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CELLET

T. C. Wallet

COVER LETTER

SUBJECT: V.I.P.	Abile Detailing & Name of Limite	Pressure Washing de Liability Company	LLC
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Tony Spells	Name of Person	
		Firm/Company	.
	5961 N FALLS	CIRCLE DR 4,401	
	Lauderhill FL	33319 City/State and Zip Code Vahou. Com be used for future annual report notification	m)
	cerning this matter, please cal		,
Tony Spells Name of P	erson	at (<u>954) 324 - 109</u> Area Code & Daytime Tel	5 ephone 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:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V.I.P MOBILE DETAILING & PRESSURE WASHING 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 Liabili	ity Company were filed on 12-02-2013	and assigned
Florida document number <u>L13000166583</u>	·	and assigned ACCRULATION APPLICATION APPL
This amendment is submitted to amend the following	ng:	10
A. If amending name, enter the new name of the	limited liability company here:	PH IZ: 0
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable	: 	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> Tony Spells 5961N FALLS CIRCLEIDA 401 X Add MGB Laudeshill FL 33319 Remove Remove Remove

). If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	I would like to add the EIN number 16-4233730
	·
)otod	December 0a , 2013.
valeu _	December Va , oot
	<u> </u>
	Signature of a member or authorized representative of a member
	Tony Spells Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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