L14000069661

(Requestor's Name)		
(Addrose)		
(Address)		
(Address)		
(0) (0) (0)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



900264240789

09/15/14--81053--008 **25.00

SECKE DARY OF STATE TALLAHASSEE FLORIDA

SEP 1 9 2014 T. HAMPTON

COVER LETTER

Division of Corporations			
SUBJECT: Dirty Detailz 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:			
Dan Zullo Name of Person			
Dicty Detailz LLC Firm/Company			
3118 SE 8th PL Address			
Cape Coral FL 33904 City/State and Zip Code dictydetailz/Ic@gnail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (203) 430 3085 Area Code Daytime Telephone Number			
Name of Ferson			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, 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

TO ARTICLES OF ORGANIZATION OF

Dirty Detailz	LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\) \(\bigs\)	1. 1. 1.
This amendment is submitted to amend the following:	ASS 5
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limited Liab	bility 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)	3118 SE 8th PL Cope Coral FL 33904
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3118 SE 8th PL Cape Coral FL 33904
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent:	el Zullo
New Registered Office Address: 3\\8	SE 8th PL Enter Florida street address
Cape	Cocal Florida 33904 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

Page 1 of 3

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member. Title <u>Name</u> Address **Type of Action** Niki M Williams 2114 NE 22nd PL Cape Coral FL 33909 ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

Please remove Nikki M Williams and her address
2114 NE. 22nd PL Cape Coral FL 33909 From any
Material associated with Dirty Details LLC She is
no longer a part of the company. Sole owner is
Dariel Zullo what name and orders has been given
E. Effective date, if other than the date of filing:
(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 <u>Sep 11</u> , <u>2014</u> .
Saint AM
Saffature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00