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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: At Auto Detailing & Shampoo, 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: HAY (IS OSBOTA Name of Person At Auto Detailing & Shampoo Firm/Company 7027 W. Broward Blud #399 Address Plantation, FL 33317 City/State and Zip Code OSBOTALE VA how. Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HACUS OSBOTA Name of Person at (954) 257-1420 Daytime Telephone Number				
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	HAY	ris Osbi	Or N	
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	At Au	to Detail	S i.	Shampoo
	7027 W.	Broward B	stud	#399
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_	E-mail address: (to	フンりのけいれる be used for future annual re	port notification	· COM
For further information conce			•	
HACTIS	Osborn	at (<u>954)</u>	257-	1420
Name of Per	rson	Area Code	Daytime Telep	ohone Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee E	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A+ Auto Di	tailing & Shampoo, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L + 4000167409}{4000}$	ere filed on 10 28 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	da Detailer UC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

ff 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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ective date, if other to a effective date is listed, the term of the date inserted is sument's effective date.	date must be specific a in this block does not	ind cannot be prior to timeet the applicab	date of filing or mor	(optio e than 90 days after f requirements, this	iling.) Pursua	nt to 605.020 t be listed a
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Filing Fee: \$25.00