

45000005156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

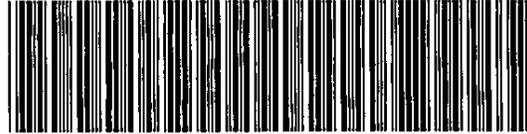
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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NOV 03 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIQUID WRAP DEPOT 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:

JOSEPH PLESHER
Name of Person

Firm/Company

2103 PARK CIRCLE BLVD N
Address

POMPANO BEACH, FL 33064
City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARD C POLLOCK at (954) 726-2537
Name of Person Area Code Daytime Telephone Number

2015 NOV - 2 P 11: 51
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Enclosed is a check for the following amount: *to the: Florida Dept of State*

- \$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

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

LIQUID WRAP DEPOT 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 01-09-15 and assigned Florida document number L1500005156.

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)

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:

JOSEPH PLESHER

New Registered Office Address:

2103 PARK CIRCLE BLVD N

Enter Florida street address

POMPANO BEACH

Florida

33064

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

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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>
MGR	PK HOLDINGS LLC	2103 PARK CIRCLE BLVD N	<input type="checkbox"/> Add
		POMPANO BCH, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEPH PLESHER	2103 PARK CIRCLE BLVD N	<input checked="" type="checkbox"/> Add
		POMPANO BCH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRADFORD KELLER	2103 PARK CIRCLE BLVD N	<input checked="" type="checkbox"/> Add
		POMPANO BCH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NEW OWNERSHIP - 95% JOSEPH PLESHER

5% BRADFORD KELLER

PAYOUT IF COMPANY IS SOLD 90% JOSEPH PLESHER

10% BRADFORD KELLER

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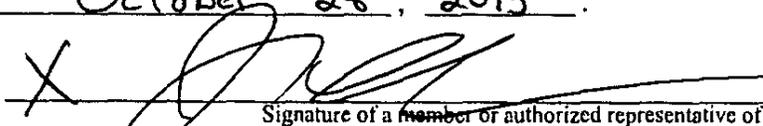
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 28, 2015

X 
Signature of a member or authorized representative of a member

Joseph Plesher
Typed or printed name of signee