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(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

		tration Sect on of Corpo			
enn nez		state Aucti	on Florida LLC		
Name of Limited Liability Company					
The encl	osed A	articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	li correspond	lence concerning this matter	to the following:	
			Dagoberto Mende	2	
			•	Name of Person	
				Firm/Company	
			495 Pinto circle		
				Address	
			Wellington Fl, 33414		
			Mendezdag@gmail.com	City/State and Zip Code	
For furth	er info	ormation con	E-mail address: (cerning this matter, please ca	to be used for future annual reportable:	notification)
Dagobe	erto Me	endez		786 402773	34
		Name of P	erson	Area Code D	aytime Telephone Number
Enclosed	l is a c	heck for the	following amount:		
\$25.0	00 Fili	ng 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 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

Estate Auction Florida LLC		
(Name of the Limited Liability) (A Florida L	Company as it now appears on our rec imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor Florida document number L15000032104	npany were filed on 02/20/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Detail Captain LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u></u>	<u>V3</u>
	-	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		P. P.
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	-	00
3. If amending the registered agent and/or register registered agent and/or the new registered office address		ords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Catata A.....

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>	Address	Type of Action
MGR	Krystalle Mendez	495 Pinto Circle Wellington FI 33414	= Add
			☐ Remove
			Change
			Add
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ve date, if other than the date of filing: certive date is listed, the date must be specific and cannot be prior to date of filing or most the date inserted in this block does not meet the applicable statutory filing ent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective tir 90th day after the record is filed.	me, at 12:01 a.m. on the ea
July 12, 2018.	

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Filing Fee: \$25.00