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2015 SEP 10 PN 12: 26

# **COVER LETTER**

SIBIFO		ESSIONAL MOBILE AUTO	DETAILING, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		Benito Pellerano		
	Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  Benito Pellerano  Name of Person  BAP PROFESSIONAL MOBILE AUTO DETAILING, LLC  Firm/Company  12850 w ST. RD.84. LOT 5-9  Address  Davie, Fl 33325  City/State and Zip Code  bap-business@hotmail.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  at (10 Pellerano)  Name of Person  Area Code  Daytime Telephone Number			
Division of Corporations  SUBJECT:  BAP PROFESSIONAL MOBILE AUTO DETAILING, 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:  Benito Pellerano  Name of Person  BAP PROFESSIONAL MOBILE AUTO DETAILING, LLC  Firm/Company  12850 w ST. RD.84. LOT 5-9  Address  Davie, Fl 33325  City/State and Zip Code  bap-business@hotmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Benito Pellerano  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S55.00 Filing Fee} \text{Certificate of Status} \text{Certifing Fee} \t				
			12850 w ST. RD.84. LOT	5-9
			AL MOBILE AUTO DETAILING, LLC  Name of Limited Liability Company  ent and fee(s) are submitted for filing.  oncerning this matter to the following:  to Pellerano  Name of Person  PROFESSIONAL MOBILE AUTO DETAILING, LLC  Firm/Company  0 w ST. RD.84. LOT 5-9  Address  e, Fl 33325  City/State and Zip Code  usiness@hotmail.com  E-mail address: (to be used for future annual report notification)  g this matter, please call:  186  186  186  1860.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)	
		Davie, Fl 33325		
		<del>-</del>	City/State and Zip Code	·····
		•		
		E-mail address: (	to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please co	all:	
Benito P	ellerano			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy

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

FILED 2015 SEP 10 PH 12: 26

CHURCHARY OF STATE TALLAHASSEF, FLORIDA

BAP PROFESSIONAL MOBILE AUTO	•	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on or orida Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number L15000148519	<del>.</del>	
This amendment is submitted to amend the following	Ţ.	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or re	egistered office address on our	records, enter the name of the nev
registered agent and/or the new registered office a		records, energies manie of the ner
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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

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
AMBR	KIRSTEN GEORGINA MC KEAN	12850 W STATE ROAD 84	<b>■</b> Add
		DAVIE, FL 33325	Remove
			Change
			Add
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Note:	ive date, if other than the date of filing:  (optional)  (optional)	0207 (3)(t d as the
if the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	09/08/2015 12:07 am	
	5	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee