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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2016

STEPHANIE PRIDE DEALERS CHOICE DETAILING CENTER 2550 STAG RUN BLVD APT 1027 CLEARWATER, FL 33765

SUBJECT: DEALERS CHIOCE DETAILING CENTER LLC

Ref. Number: L16000038153

We have received your document for DEALERS CHIOCE DETAILING CENTER of LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 016A00019916

Shelia H Young Regulatory Specialist II 16 SEP 19 PH 1:

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COVER LETTER

TO:	Registration Se Division of Cor			the second		
		oice Detailing Center LLC				
SUBJE	CT:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please 1	return all correspo	ndence concerning this matter	to the following:			
		Stephanie Pride				
			Name of Person			
		Dealers Choice Detailing C	Center			
	, , ,		Firm/Company			T S
		2550 Stag Run Blvd Apt 10	027		16 SEP 19	ELC'RE.
			Address		- P	757 757 757 757
		Clearwater Fl 33765			PH	FR. FI
			City/State and Zip Code		1: 09	
		Stephanieekitchen@yahoo.c	com to be used for future annual report notifi	oation)	60	
For fur	ther information c	oncerning this matter, please ca	•	cation		
Stepha	nie Pride		727 520-6050 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number	•	
Enclose	ed is a check for tl	ne following amount:				
□ \$ 2:	5.00 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 St Certified Copy (additional copy is e	atus &	

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 ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on D2/23/16 and assign a						* * *
The Articles of Organization for this Limited Liability Company were filed on 02/23/16 and assign and assign and advantage of the limited liability company here: A. If amending name, enter the new name of the limited liability company here: Dealers Choice Detailing Center LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" the new principal offices address, if applicable: 4477 122ave Suite A Clearwater Fl 33762 Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 2550 Stag Run Blvd Clearwater Fl 33765 Conter new mailing address on our records, enter the name of egistered agent and/or the new registered office address here: Name of New Registered Agent:			as it now appears on our records.)	nited Liability Company (A Florida Limited Lia	(Name of the Lin	•
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		Zip Code	City Zi			

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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nange, enter the title, name, and address of each person being added

If amending Authorized Person(s) admo-

Fective date, if other than the date of filing: \(\text{O9-12-16} \) (optional) In effective date is listed, the date mist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 test. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier line 90th day after the record is filled. Signature of a member or authorized representative of a member.		, 			ere: (Attach				
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Filing Fee: \$25.00