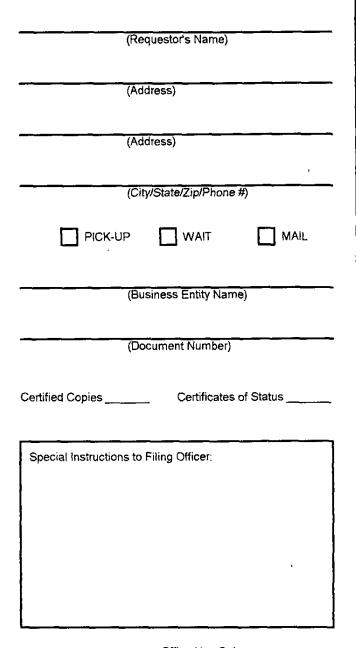
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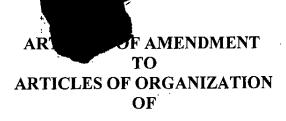
D. SCOTT NOV 2 8 2016

COVER LETTER

TO: Registration Section Division of Corporat	ions	., .		4. -		
SUBJECT:	MNIANE (Detailing ited Liability Company	LLC	·•.		
The enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing.				
Please return all correspondence	e concerning this matter	to the following:				
	NAO	A KPLLY	Z			
		Name of Person	1			
		Firm/Company	,			
	12827	SW 29	st			
		Address				
•	Miram	iAR, Fi	かか027			
_	11.0.0	City/State and Zip C	Code			
_	E-mail address: (1	o be used for future ar	hual report notificat	ion)		
For further information concern				,		
Nadia Ne Name of Person	llyz	at (<u>954</u> Area Code	Daytime Te	7718 dephone Number	SECRE TALLA	77
Enclosed is a check for the follo	owing amount:				SSE OF STATUS &	FILED
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	у	Section 5 \$60.00 Filing Certificate 6 Certified Co (additional co)	opy OF 4	0 0 17

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



Mni	ave Detailing	LLC
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number LILODO 17394	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	ORESS)	- <u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FE, FLORIDA
B. If amending the registered agent and/or reg		r records, enter the name of the new
Name of New Registered Agent:	NAOIA	KELLYZ
New Registered Office Address:	12827 SW 2 Enter Florida s	
	MIRAM Me City	, Florida

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.

Q RE SHE

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) autho or removed from our records:

CICLES 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>	Type of Action
1 MB	R	CHRISTOPHER HERNANDEZ	14140 NE 2nd Ct StE 1 NORTH MIAMI, F 33101	Add
		HER NANDEZ		Remove
			<u> </u>	Change
	-			□ Add
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date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior	to date of filing or mo	(0	optional)	
the date inserted in this block does not meet the application	able statutory filing	requirements,	, this date will not	t be li
's effective date on the Department of State's records.				
d specifies a delayed effective date, but not	an effective ti	me at 12:0	nam on the	. ear
Oth day after the record is filed.	carre ar	1110, 41 12.0	or a.m. on the	
Annual 5				
fingust 5, 2016	_·		TAI	SE SE
n, wh	i Killy		LA	윮
Signature of a member or author	rized representative	f a member	- <u>5</u>	
NAO	IA KELLY	J		¥0
	d name of signee	<u>Y</u>		

Page 3 of 3

Filing Fee: \$25.00