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JUL 18 2017

COVER LETTER

TO:

Registration Section

Division of Corp	porations				
SUBJECT: Southly	n Ultimate Det Name of Lim	ited Liability Company	<u>L.L.C</u>		
	Amendment and fee(s) are sub	_			
	<u>Eric</u>	Pitche(Name of Person		2017 SECTIALLA	. . 0
	5606 Shas4a	Firm/Company da; SY Place Address		SECRETAKE DE STATE TALLAHASSEE, FLORIDA	BALBOB
	Lond e La	City/State and Zip Code		A CORIDA	**
For further information co	E-mail address: (oncerning this matter, please co	Ma; [. COM to be used for future annual report notifi all:	cation)		
Ecil Pit Name of	CNIC	at (\$\frac{9\3}{\text{Area Code}}\frac{\frac{858-15}{\text{Daytime}}}{\text{Daytime}}	743 Telephone Number		-
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status & Copy is enclosed)	: :
Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle		

PQ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Ultimate Detailing Secures, L.L.C.

(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 $\frac{5/25/16}{}$ and assigned Florida document number <u>L 16000102582</u> 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." 5 606 Snasta dasy flace Enter new principal offices address, if applicable: LOND CLARES FI 34639 (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: Eric Pitcher

S606 SNASta daist Piale

Enter Florida street address Name of New Registered Agent: New Registered Office Address: LUMB O Lakes , Florida 34639

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
MGR	Eric Pitcher	S606 Sharta daist Place	j d ∧dd
		Lone O Lakes F1 34639	Remove
			Change
MGR	Chardier R Flom	2304 s Cardenas Aug	□ Add
		Tamfa F1 33629	🗖 Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
te: If the date inserted in this block does not meet the applicable statutory	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier o
he 90th day after the record is filed.	
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ted $\frac{3017}{6}$, $\frac{2017}{6}$	
Chanalle Flam	
Signature of a member or authorized representa	ative of a member

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Filing Fee: \$25.00