## L16000178354

(Re	equestor's Name)	
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Poseidon's	Detailing LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	John C Carta		
		Name of Person	
		Firm/Company	
	531 One Center Blvd, B30	07	
		Address	
	Altamonte Springs, FL 32	714	
		City/State and Zip Code	
	johncartavii@gmail.com		
		to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	ail:	
John C Carta		407 919-8840 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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 Status & Certified Copy (additional copy is enclosed

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

Poseidon's Detailing LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/23/2016	and assigned
Florida document number L16000178354	<del>.</del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Poseidons Boat Detailing LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	6 SEP 30 PH 1:
		ON EP 3
		F C6
Enter new mailing address, if applicable:		# P M
(Mailing address MAY BE A POST OFFICE BOX)		
		53 1048
B. If amending the registered agent and/or reg		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

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Filing Fee: \$25.00