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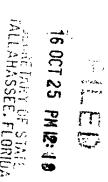
(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

TO:		ration Section of Corpo			
		nperial Mob	ile Detailing, LLC.		
Name of Limited Liability Company					
The e	nclosed A	rticles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please	e return al	l correspond	lence concerning this matter t	to the following:	
			Yasaar Mohammed		
				Name of Person	
			Imperial Mobile Detailing,	LLC.	
			***	Firm/Company	
			546 SW 1st Street Apt. 607	,	
				Address	
			Miami, FL 33130		
				City/State and Zip Code	
			yasaarmohammed@aol.com		******
			·	o be used for future annual report notif	ication)
For fu	arther info	rmation con	cerning this matter, please ca	dl:	
Yasaa	ar Moham	med		786 747-2445	
		Name of F	Person	Area Code Daytime	: Telephone Number
Enclo	osed is a c	heck for the	following amount:		
<b>=</b> \$:	25.00 Fili	ng 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

# TO ARTICLES OF ORGANIZATION OF

Imperial Mobile Detailing, LLC.		
(Name of the Limited )	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
he Articles of Organization for this Limited Liabi lorida document number	ility Company were filed on October 18, 2016 an	d assigned
his amendment is submitted to amend the followi	ing:	
. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
he new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
	>:: En::	<u>6</u>
<ol> <li>If amending the registered agent and/or egistered agent and/or the new registered office</li> </ol>		2
Name of New Registered Agent:	ORIC ORIC	
New Registered Office Address:	Enter Florida street address	
-	, Florida	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

# or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Yasaar Mohammed	546 SW 1st Street Apt. 607	■ Add
		Miami, FL 33130	□ Remove
			□ Remove
			Change
			☐ Add
			☐ Remove
			Change
			S move it
			OR Dechange
			□ Add
			Remove
			Change
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T T 00	November 1st, 2016  tive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua to 605.0	77
(If an ef <b>Note:</b>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	Signature of a member of authorized representative of a member	
	asaar Mohammed.  When or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00