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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flite Auto Detailing of Florida, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sara L. Jackson
Division of Corporations SUBJECT: Fite Auto Detailing of Florida, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sara L. Jackson Name of Person Elife Auto Detailing of Florida, LLC Firm/Company Address Lakeland FL 33803 Chy/State and Zip code Saral Address to be used for future annual report notification) For further information concerning this matter, please call: Saral L. Jackson at (263) 257-8265 Area Code Dayrine Telephone Number Einclosed is a check for the following amount: \$\text{S25.00 Filing Fee} \text{ S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}
\$519 woodward 8t
Lakeland FL 33803 Chy/State and Zip Code
F:-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L</u>1700 005 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." Enter new principal offices address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zıp 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Roosevelt William		Add
		Lakeland, Fl 3380	3 Remove
			Change
mer	Sara Lee Jackson	519 woodward st.	Add
		Lakeland, FL 3380	33803 🗆 Remove
			Сһалде
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affirming date is listed, the date must be specific and cannot be migrate date of filing or more than 90 days after	filing.) Pursuant to 60	5.020
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this nument's effective date on the Department of State's records.	date will not be his	ted a
milett 2 etreetive date on the 12-partition of 12-alors 3 records.		٠
record specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earli	ier d
The 90th day after the record is filed.	<u>.</u> . 0	
Theora W. Williams Signature of a member or authorized representative of a member		
7		
Melota W. Signature of a member or authorized representative of a member	 -	
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00