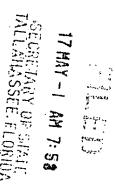
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Special Instructions	to Filing Officer:
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## **COVER LETTER**

	gistration Sec ision of Corp			
	BRYANTS	S MOBILE DETAILING/PRE	SSURE CLEANING LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		BRYANT D. SMITH		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		BRYANT'S MOBILE DE	TAILING/PRESSURE CLEANING	LLC
			Firm/Company	<del></del>
		1401 AVE I		
			Address	
		FORT PIERCE, FL 34950		
	•		City/State and Zip Code	<del></del>
		SmithBryantt@yahoo.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further is	nformation co	oncerning this matter, please ca	all:	
BRYANT I	D. SMITH		772 332-4291 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	iling 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

BRYANT'S MOBILE DETAILIN			·····	
(Name of the Limi	ited Liability Company as (A Florida Limited Liabili	it now appears on our re ty Company)	cords.)	
The Articles of Organization for this Limited L		e filed on 04/18/2017	and assig	ned
This amendment is submitted to amend the fol				
A. If amending name, <u>enter the new name c</u>	Ū	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "	LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if appli	cable:		≥on	
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	
			#A A A	· · ·
				ton :
Enter new mailing address, if applicable:				4., 1d.
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	1
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ords, <u>enter the name of</u>	f the
	1401 AVE I			
New Registered Office Address:		Enter Florida street ad	ldress	
	FORT PIERCE		, Florida <u>34950</u>	
		Zity	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BRYANT D SMITH	1401 AVE I, FORT PIERCE, FL 3H 950	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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n effective	ate, if other than the da date is listed, the date must be	specific and	l cannot be pr	ior to date	of filing o	r more than	90 days afte	<b>ional)</b> er filing.) Pu	ırsuant to	605.020
ote: If the	e date inserted in this block effective date on the Depa	does not nation	neet the app State's recor	licable s ds.	tatutory fi	ling requir	ements, th	is date wil	I not be	listed as
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	specifies a delayed e h day after the record			not an	effectiv	e time, a	it 12:01	a.m. on	the ea	rlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00