L17000104854

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Considerations to Fill - Officer
Special Instructions to Filing Officer:
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Office Use Only



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S. WARREN JUL 0 5 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2017

ASHTON ROLLE 4231 NW 19 STREET #254 LAUDERHILL, FL 33313

SUBJECT: ASH MOBLIE DETAILNG LLC

Ref. Number: L17000104854

We have received your document for ASH MOBLIE DETAILNG LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 517A00012319

Stacey M Warren
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ash Mobile Detailing 22C Name of Limited Liability Company	The St.
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	SECRETARISE FLOR
Ashton Rolle Name of Person	SFLORIDA
-15h Noblie Retailing L Firm/Company 4231 NW 19th street #234	. <u>2</u> C
4231 NW 19th street #234	_
Landerhill FL 33313 City/State and Zip Code Fermail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ashten Relle at (434) 708-608 S Name of Person Area Code Daytime Telephone Num	3 nber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Filing Fee, ficate of Status & fied Copy form from the field copy form is enclosed.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

5W)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASH MIGHT!' E (Name of the Limited Liability Compa	De Failing 22C my as it now appears on our records.) Chability Company)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\bigcirc CC \cdot C \cdot S - I \rightarrow \Box$ and assigned
Florida document number <u>Li706010483</u> 4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Ash Mobile The new name must be distinguishable and contain the words "Limited Liabi	Detailing 22C
The new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "L.L.C" 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 of	
registered agent and/or the new registered office address her	<u>e</u> :
Name of CNI and Develop and Advance	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
	·
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further-agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 Hability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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m effective date is li ote: Al the date in	other than the dat sted, the date must be serted in this block the date on the Depar	specific and car does not meet	mot be prior to o t the applicabl	date of filing or n	nore than 90 da	iys after filing.)	Pursuant t vill not b	o 605.02 e listed (
	ies a delayed ef after the record		e, but not a	in effective	time, at 12	2:01 a.m. d	on the ϵ	arlier -
The 90th day	6-08-17					<u> </u>	17	
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Page 3 of 3

Filing Fee: \$25.00