

L17000128595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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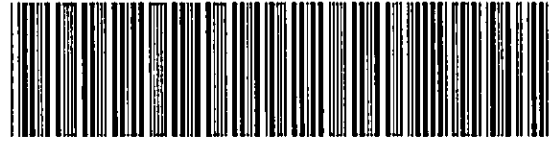
(Business Entity Name)

(Document Number)

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DEC 08 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Showroom Auto Boat Detailing Mobile Services
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:

Lalasha Jackson McElwre
Name of Person

Showroom Auto Boat Detailing Mobile Services L.L.C.
Firm/Company

1135 NW 122nd St
Address

North Miami Fla. 33168
City/State and Zip Code

litalashaMcElwre0531@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lalasha Jackson McElwre at (786) 768-6240
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Showroom Auto & Boat Detailing Mobile Service L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/9/17 and assigned
Florida document number L17000128595.

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 "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 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

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

Title	Name	Address	Type of Action
MGR	Anna Forbes	9310 N.W. 13th Ct	<input type="checkbox"/> Add
		Miami FL, 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lafasha Jackson McElwre	1135 NW 122nd	<input checked="" type="checkbox"/> Add
		Miami Fla. 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anna Forbes	9310 N.W. 13th Ct	<input type="checkbox"/> Add
		Miami FL 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lafasha Jackson McElwre	1135 NW 122nd	<input checked="" type="checkbox"/> Add
		Miami Fla. 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

When I was creating my account on line I placed Anna Forbes name in error. I Latasha Jackson McElwre should be listed as manager. I have update my information. Also will be removing Anna Forbes name from Title AMBR and adding Latasha Jackson McElwre to the title AMBR

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Dec. 5th 2017

Latasha Jackson McElwre

Signature of a member or authorized representative of a member

Latasha Jackson McElwre

Typed or printed name of signee

2017 DEC -7 PM 3:19

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

When I was creating my account on line I placed Anna Forbes name in error. I Latasha Jackson McElwre should be listed as manager. I have update my information. Also will be removing Anna Forbes name from Title AMBR and adding Latasha Jackson McElwre to the title AMBR

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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(b) The 90th day after the record is filed.

Dated Dec. 5th 2017

Latasha Jackson McElwre
Signature of a member or authorized representative of a member

Latasha Jackson McElwre
Typed or printed name of signee

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