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Office Use Only



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S. WARREN AUG 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prestige Detailing On D'Road 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:
Lindsy Y. Ares Name of Person
Prestige Detailing On D' Road LLC.
5451 Milteria Larkes Blud Apt-447
Orlando, Fl. 32839 City/State and Zip Code
Dalovno 44356 yahoo-com E-mail address: (to be used for future, annual report notification)
For further information concerning this matter, please call:
Lindsy 4. Ares at (407) 353–1846 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Prestige Detailing On Boad LLC.

(Name) of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	61. 1	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	· · · · · · · · · · · · · · · · · · ·	2 . M (20 d . 1 1 2 2 d . 1 2 2 d
The new name must be distinguishable and contain the words. Limited Liabil	ity Company, the desig	nation T.F.C of the appreviation T.F.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)		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha address, I hereby o	eduties, and I am familiar with and opter 605. F.S. Or, if this document is confirm that the limited liability
If Char	nging Registered Agent	. Signature of New Registered Agent

Page 1 of 3

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 =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Axel X. Oquendo	11195 Galvin Dr. Orlando, Fl-328	<u>37</u> □ Add
			☑ Remove
			Change
			🗆 Add
			Remove
			□ Change
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			Change

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	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00