## L17000245246

(Re	questor's Name)	
(Ad	dress)	<u>-</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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July 20, 2018

JEDIDIAH PRICE 17030 ALICO COMMERCE CT, #311 FT MYERS, FL 33967

SUBJECT: PRO SHIELD CERAMIC COATING & DETAILING, LLC

Ref. Number: L17000245266

We have received your document for PRO SHIELD CERAMIC COATING & DETAILING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00014969

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Proshield Ceramic Coating & Detailing, LLC	
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L17000245266	npany were filed on 11/29/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the abtreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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>	Address	Type of Action
MGR	Del Toro, Michael	9272 SCARLETTE OAK AVE.	
		Ft. Myers, FL 33967	■ Remove
			□ Change
MGR Del Toto, Ch	Del Toto, Christine	9272 SCARLETTE OAK AVE.	Add
		Ft. Myers, FL 33967	■ Remove
			☐ Change
			Remove  Change
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ativa data if ather t	han the date of filing: $\_^0$	05/01/2018	(opti	ional)
effective date is listed, the	e date must be specific and can	not be prior to date of filing	or more than 90 days afte	r filing.) Pursuant to 605.02
	in this block does not meet on the Department of State		filing requirements, thi	is date will not be listed a
	delayed effective date the record is filed.	e, but not an effecti	ve time, at 12:01	a.m. on the earlier
ed	May 25 2	2018		
·u				

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Typed or printed name of signee

Filing Fee: \$25.00