L18000056296

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Superior Coach Detailing II 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:			
Eric W Mann Name of Person			
Superior Coach Detailing II UC			
13334 Little Gen Grile			
Fort Myers Florida 33913 CirlyState and Zip Code			
E-mail address: (to be used for future unnual report notification)			
For further information concerning this matter, please call;			
Eric Mann at (407) 516-8088 Name of Person at (407) Daytime Telephone Number			
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7-11-

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on	our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>LIXOOOX6296</u> This amendment is submitted to amend the following:	y were filed on	1-12-2	d assign	ed
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the design	ation "LLC" or the abbreviation	on "L.L.C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			4 PH 12: 07	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the	e new re	egistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		<u> </u>
 	City	Florida	'ode	
	City	zape	J. 1.16	

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 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
DOOR	Leetho Mann	13334 Little Gem Circle	
* Pleas	e see attachment form	FF. Myers, FL 33913	Remove
			□ Change
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			□Remove
			□Change
			□ Add
			□Remove
			□Change

If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	When I registed the business I entered my
1	ome into the wrong form. I do not own
	my part of the busness. Ecic Mann is
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_	Sole agner of this company.
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(if an effe Note: 1	re date, if other than the date of filing:
e record ord is file	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 d.
Dated _	02/24/21
	Signature of a member or authorized representative of a member
	EPIC MAHA Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00