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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
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TALLAHASSEE, FLURIUA

N COOPER MAY 01 2018

COVER LETTER

Division of Corp			
SUBJECT: SKY	Detailing L	CC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Carmen Ca	andelario	
		Name of Person	
		Firm/Company	
	52 Simont	on circle	
		Address	
	Weston FL	33336 City/State and Zip Code 569mail-com to be used for future annual report notifice	
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notification	ation)
For further information cor	ncerning this matter, please ca	all:	
Eduardo Los	267	954 \ 347-7	2509
Name of I	Person	at (<u>954</u>) <u>347 - 7</u> Area Code Daytime T	elephone 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)	S60.00 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

Sky Detailing LLC	<u> </u>		
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L1800088</u>	Company were filed on <u>4/9/18</u> 5 <u>8</u> 9	and assig	med
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)	ಹ_	SE
		APR	SECRETAR
Enter new mailing address, if applicable:		30	FILI TARY IASSE
(Mailing address MAY BE A POST OFFICE BOX)	-	3	<u> </u>
(Muning Gauress MAT BE A FOST OFFICE BOX)	 	- ;;	유류
			gri
B. If amending the registered agent and/or regi		he name of	f the new
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:		 	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
	~··,·	29. 2001	

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

or removed	from our records:		
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
m <u>gr</u>	Eduardo Lopez	5) Smorton Cir Weston FL3330	€ F Add
			☐ Remove
			Change
mar	Cormen Candelario	52 Simonton Cir Weston FL 333	<u>26</u> □ Add
			Remove
	^	-	Change
AMBR_	Carmen Condelario	52 Simonton Cir Weston FL 3332	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
		-	Change
			
			Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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						18 APR 30
						
						
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: If the date inse	her than the date ed, the date must be sported in this block do date on the Departn	es not meet the	applicable stat			ig.) Pursuant to 605.0
	s a delayed effe ter the record is		ut not an eí	fective time,	at 12:01 a.m	. on the earlier
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<u> </u>	Q	,	·			
	(-	or authorized rep			

Page 3 of 3

Filing Fee: \$25.00