L18000118106

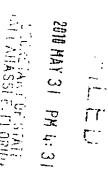
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/18/18--01002--004 **25.00



B FIGUEROA JUN 04 2018



May 23, 2018

CHARLES E MCROBBIE IV 11 CADILLAC AVE UNIT B NICEVILLE, FL 32578

SUBJECT: CHARLIEMAC AUTO DETAILING.LLC

Ref. Number: L18000118106

We have received your document for CHARLIEMAC AUTO 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 418A00010533

GA

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COVER LETTER

то:		tion Secti of Corpo						
era in			CAUTO DETAILING, LLC					
SUBJE	CT:		Name of Limit	ed Liability Company				
The enc	losed Artic	cles of An	nendment and fee(s) are subn	nitted for filing.				
Please re	eturn all co	orrespond	ence concerning this matter to	o the following:				
			CHARLES E MCROBBIE	IV				
				Name of Person				
	CHARLIMAC AUTO DETAILING, LLC							
		Firm/Company						
			11 CADILLAC AVE UNIT	Ъ				
				Address				
			NICEVILLE FL 32578					
				City/State and Zip Code	<u></u>			
		CHUCKMCROBBIE76@AOL.COM						
			E-mail address: (to	be used for future annual rep	ort notification)			
For furth	ner inform	ation con	cerning this matter, please cal	li:				
CHARI	.ES E MC	ROBBIE	IV	850 428 at ()				
		Name of Pe	erson	Area Code	Daytime Telephone Number			
Enclosed	d is a chec	k for the t	following amount:					
■ \$25.	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Status &		

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

TO:

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

CHARLIMAC AUTO DETAILING.LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	irs on our records.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0.00}{100}$	5/10/2018 and assigned
lorida document number L18000118106	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company h	<u>nere</u> :
CHARLIMAC AUTO DETAILING, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	·
Principal office address MUST BE A STREET ADDRESS)	20 20 20
	<u></u>
	$\overset{\sim}{\circ}$ $\overset{\sim}{\circ}$ $\overset{\sim}{\circ}$
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	20 2
	<u> </u>
. If amending the registered agent and/or registered office address of	n our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
•	prida street address

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.

City

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
MRS	SHARA E MCROBBIE	11 CADILLAC AVE UNIT B	🖸 Add
		NICEVILLE FL 32578	■ Remove
			Change
MGR	CHARLES E MCROBBIE IV	11 CADILLAC AVE UNIT B	bbA ⊟
		NICEVILLE FL 32578	□ Remove
			Change
MGR	SHARA E MCROBBIE	11 CADILLAC AVE UNIT B	■ Add
		NICEVILLE FL 32578	Remove
			☐ Change
			Add
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F Effortis	ve date, if other than t	ho doto of fil	05/10/20	18		(antiomal)		
(If an effe	ctive date is listed, the date r	nust be specific a	and cannot be pri	or to date of filing	or more than 90 c	_ (optional) lays after filing.]) Pursuant to	605.0
	If the date inserted in this ent's effective date on the				filing requireme	ents, this date	will not be i	isted
	ord specifies a delay 90th day after the r			not an effect	ve time, at 1	2:01 a.m. (on the ea	rlier
Datad (05/15		2018					
בייונים _	 			· ·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00