Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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(((H20000389397 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone

: (916)576-7000

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAXIMUM ONSITE DETAILING, LLC

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MON ! : 5050



November 12, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MAXIMUM ONSITE DETAILING, LLC 5640 NORTH BANANA RIVER BLVD

COCOA BEACH, FL 32931

SUBJECT: MAXIMUM ONSITE DETAILING, LLC

REF: L18000127199

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return 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) 245-6050.

Terri J Schroeder FAX Aud. #: H20000389397 Regulatory Specialist III Letter Number: 220A00022591 To: 18506176383 From: 19165767051 Date: 11/12/20 Time: 11:15 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXIMUM ONSITE DETAILING, LLC

(Name of the Limite	d Liability Compa A Florida Limited I	ny as It now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Lie	Articles of Organization for this Limited Liability Company were filed on 5/21/2018 and assigned			
Florida document number <u>L1x000127199</u>				
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Heal Detailing LLC				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation	"LLC" or the a	pbreviation "L.L.C."
Enter new principal offices address, if applicable:		103 North Atlantic Avenue		
(Principal office address MUST BE A STREET ADDRESS)		Cocoa Beach Florida 32931		
Enter new mailing address, if applicable:		103 North Atlantic Avenue		
(Mailing address MAY BE A POST OFFICE BOX)		Cocoa Beach Florida 32931		
B. If amending the registered agent and/			eords, <u>enter</u>	the name of the nev
registered agent and/or the new registered of	lice address her	<u>e</u> :		
Name of New Registered Agent:	SUZANNE	SIMONETTA-LEE		
New Registered Office Address:	130 JUNE DE	RIVE		
		Enter Florida street c	ultress	
	COCOA BEA	СН	_, Florida	32931
	Cin		_	Zip Code
New Registered Agent's Signature, if changing B	legistered Agent:			
I hereby accept the appointment as registered	d agent and agre	ee to act in this capacity.	I further ag	gree to comply with the

If Changing Registered Agent. Signature of New Registered Agent

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.

To: 18506176383 From: 19165767051 Date: 11/12/20 Time: 11:15 AM Page: 04/05

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>	Name	Address	Type of Action
AMBR_	Stephen Munson	1 North 1st Street Apt 5	⊠ Add
		Cocoa Beach Florida 32931	☐ Remove
			Change
			_ O Add
			Add 2020 Remove 17
			Li Change
			Add O
			Refriove
			Change
			∩ Add
			Remove
		,	Change
			Add
			CI Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
i e e e e e e e e e e e e e e e e e e e
E. Effective date, if other than the date of filing:
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated
b. / M
Signature of a member of authorized representative of a member
Paul Munson Typed or printed name of signee
15 - 2 - 6 2

' To: 18506176383 From: 19165767051 Date: 11/12/20 Time: 11:15 AM Page: 05/05

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