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Sumo

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Barba's Mobile Detailing, L.C. 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:
Sheraldy Morales
Barba's Mobile Detailing, LLC
346 GOLF Cove Court
Son Ford, Fi 3273 City/State and Zip Code
E-mail address: (to be used for future annual report invitication)
For further information concerning this matter, please call:
SYCIAL MOTO CODE STATE Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$\Bigcup \$60.00 Filing Fee, 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

Parbas Modo	ile Detailing, LLC
(Name of the Limited Li (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number L180019895	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET AI	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	0
	number
registered agent and/or the new registered direct	add to here.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

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	Joshua Irizarny	(623 Pensawalare lakera	JF D Add
	,		Remove
			
			🗆 Add
			🗆 Remove
			Change
			Add
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******	 		Add
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			Change
	 		D Add
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
នា el ote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
ated	December 13, 2018.
	Signature of a member or authorized representative of a member
	Sheraldy Morales

Page 3 of 3

Filing Fee: \$25.00