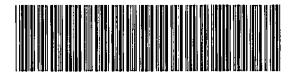
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(Re	equestor's Name)	
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:		K AUTO CARE, LLC	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Omar U Jimenez Name of Person	<del></del>
		Number of 1 Section	
		Firm/Company	
		14417 Jasmine Glen Dr Address	
		Orlando Fl 32824 City/State and Zip Code	
	E-mail address: (	services@detailex.net to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
	U Jimenez of Person		572-9943 me Telephone 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)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DETAILEX AU	TO CARE, LLC	
(Name of the Limited Liability Comp	any as it now appears on our records. Liability Company)	<del></del>
(X Clorida Sillinos	EI	F: 11 18 201
(A Florida Limited The Articles of Organization for this Limited Liability Compan Florida document number L18000269218	y were filed on $\frac{11  9  20  ^2_8}{}$	and assigned
Florida document numberL18000269218		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Detailex Enterprise Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	- 3
• •		520
Principal office address MUST BE A STREET ADDRESS		
		- 1
	N	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
		28
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	- ·	
	, Florid	Zip Code

## 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>	Name	Address	Type of Action
AMBR	Guilliann J Santos	14417 Jasmine Glen Dr Orlando Fl 32824	<b>=</b> Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
		□Remove	
			□Change
		□Add	
			□Remove
		Change	
		□Add	
			□Remove
		Change	
		□Add	
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	live date, if other than the date of filing:  06/01/2020  (optional)  ective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	June 3 , 2020 .
	$\mathcal{O}_{\mathcal{O}}$
	Signature of a member or authorized representative of a member
	Omar U Jimenez
	Typed or printed name of signce