## L18000269939

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## COVER LETTER

	Registration Se Division of Cor			
cuntra		ERPRISES LLC	÷ *	
SUBJEC	.1:	Name of Lim	ited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		PRESTON PABON		
		<del></del>	Name of Person	
		PPCL ENTERPRISES LL	С	
			Firm/Company	<del></del>
		3297 S JOHN YOUNG PK	(WY	
			Address	
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		ONPOINTHANDWASH@		
			to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
PRESTO	N PABON		407 552-9831 at ( )	
Name of Person			ne Telephone Number	
Enclosed	is a check for th	ne following amount:		
<b>28</b> \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C	orporations	Division of Cor	rporations
	P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	Tallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

P	P	CL	ENT	ERF	RISES	LLC
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(Name of the Limited Liability Comps (A Florida Limited)	Enability Company)		
The Articles of Organization for this Limited Liability Company Florida document number PPCL ENTERPRISES LLC	were filed on 11/19/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
ON POINT WASH AND DETAIL LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3297 S JOHN YOUNG PKWY		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34746		
Enter new mailing address, if applicable:	3297 S JOHN YOUNG PKWY		
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34746		
B. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new registered	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is	

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□Remove
			DChange
			Remove
			\ \_Add
			□Remove
			Change
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Effective date, if other than the o	late of filing: _		<u>-</u>	(optional)	
f an effective date is listed, the date must Note: If the date inserted in this blo					
document's effective date on the De			, , ,		
	date, but not an o	effective time, at	12:01 a,m. on the	earlier of: (b) The	e 90th day after the
d is filed.	20	021			
d is filed.	)	021			
Pated	ceston A	abon	epresentative of a m		