L19000019/23

(Req	juestor's Name)	
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COVER LETTER

	tion Section of Corporations		
SUBJECT:	Westaman Mobile Name of Limi	Detailing LLC ited Liability Company	<u>,</u>
The enclosed Artic	cles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Wendall	Meith Clark Name of Person	
		Firm/Company	_ , , _
	7109 Wa	ter Rose Cit	
		City/State and Zip Code	
	E-mail address: (1	av K 860 gmail. Co o be used for future samual report notif	ncation)
for further inform	ation concerning this matter, please ca	ill:	
Wenda	Manie of Person	at (<u>904</u>) <u>440 -</u> Area Code Daytimo	SQQQ e Telephone Number
Enclosed is a chec	k 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)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

ŤΟ:

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

WETTAMAN MOBILE DETAILING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liabi	•	and assigned	
Florida document number <u>L1900001913</u>	2 2		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
RAW MOBILE DETAILE	NG LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abl	breviation "L.L.C."	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or	registered office address on our records, enter		ew
registered agent and/or the new registered office	e address here:	2019 (35) (31)	
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Name of New Registered Agent:			<u>' '</u>
Name of New Neglatered Argent.		85.	
New Registered Office Address:			n
	Enter Florida street address		
	, Florida		,·
-	, Florida	Zip Code C	
Now Desistered Agent's Signature if shanging Dea	intered Agents	•	

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
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Filing Fee: \$25.00