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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
<u>(</u> В	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	rrell's Mobile Name of Lim	Detailing "LLC" ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Terrell	Shinhoster Name of Person	
	Name of Limited Liability Company of Amendment and feets) are submitted for filing. Spondence concerning this matter to the following: Terrell Shinhoster Name of Person Terrell's Mobile Detailing* LLC" Firm/Company 191 Tillis Ln Address Crowfordwille FL 33337 City/State and Zip Code E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Area Code The following amount:		
	191 Tillis	Address	
	Crawfordu	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	leation)
For further information c	concerning this matter, please co	all:	
Terrell Shu Name o	nhoster of Person	at (<u>786</u>) <u>200 - 1</u> Area Code Daytime	1984 Telephone Number
Enclosed is a check for the	he following amount:		,
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>しょくしゅう ろもいい</u>	were filed on Oll 3013019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	
Enter new principal offices address, if applicable:	191 Tillis Ln	020 <u>TE</u>
(Principal office address MUST BE A STREET ADDRESS)	Crawfordulle, Fr 3232	7 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	191 Tillis Los Crawforduille, Fr 32327	AH 9: 12
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	121	
	City Florida	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. Thereby 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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in effective date is ote: If the date i ocument's effecti	nserted in this block does n ive date on the Department	and cannot be prior to date of filing of meet the applicable statutory of State's records.	(optional) or more than 90 days after (iling.) Pursifiling requirements, this date will run, on the earlier of: (b) The 90th	not be listed as
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Filing Fee: \$25.00