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(Requ	estor's Name)	,
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	TIAW	MAIL
(Busin	ess Entity Na	me)
(Docus	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Co	rporations		
. 3 4 5 50 5 50 50 50 50 50	Auto Detailing & Performance	e, LLC	
Jobane I.	Name of Lin	aited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Karen V Arana		
	Prestige Auto Detaiting & F	Name of Person Performance, LLC	
	14742 SW 63RD LN	Firm/Company	
	MIAMI, FL 33193	Address	
	karen.arana001@mymdc.ne	City/State and Zip Code et	
		to be used for future annual report n	outication)
For further information	concerning this matter, please c	all:	
Karen Arana		786 3089125 at ()	
Name (	of Person	Area Code Dayı	ime Telephone Number
Enclosed is a check for t	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)
МАН	ING ADDRESS:	STREET/COU	RIER ADDRESS:

TO:

Registration Section

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Auto Detailing & Performance, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000105223</u> .	ny were filed on April 17, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		70 90CT
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	7 7
	P1	
·	, 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, 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
AMBR	KAREN V ARANA	14742 SW 43RD LN MIAMI, FL 33193	
			Remove
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	April 16, 2019	
Note: If the	tate, if other than the date of filing:	505.0207 (3) isted as the
the record ) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear h day after the record is filed.	rlier of:
Dated	Signature of a member of authorized representative of a member	
-	Signature of a member at authorized representative of a member	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00