19000 133 105

(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:

Office Use Only



600333643446

6.76 - 1 -- 6. 1- - 6. 1 * 6. 5. 1

19 SEP -9 PH 1:53

SEP 1 7 2613 TECHNOEDER

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Offshore Marine Detailing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alejandro Rodriguez Name of Person
Offinore Marine Detailing LLC
7603 Kimberly blvd
North Lauderdale, Fl. 33065 City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be fised for future annual report notification)
For further information concerning this matter, please call:
Alexandro Rodriguez at (954) 279.6478 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

MAILING ADDRESS:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 19000133105</u>	ny were filed on May 16, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia Reflection Pro De The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tailing LIC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8280 NW 24th Street North Lauderdale, Fl. 330
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
			Add
			□ Remove
			Add
			Remove
			Change
			Add
		<u> </u>	Remove
	<u> </u>		Change Change Add Remove
			☐ Change
			□ Add
			Remove
			Change
			☐ Remove
			Change

		
		
	V-10-0-10	
	20 d	
	; — ; œ	
	20 P	71
		!
	To me	التنا
	de .	ز_:
	3.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records. The record specifies a delayed effective date, but not The 90th day after the record is filed.	able statutory filing requirements, this date will not b	e listed
•		
Dated	_·	
Signature of a member or autho	rized representative of a member	
Typed or printe	d name of signee	

Page 3 of 3

Filing Fee: \$25.00