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ALLAHASSEF, FI OBJOA

AUG 1 9 2019 T. LEMIEUX August 9, 2019 To Whom It Nay Concern: This letter is to compirm that today Atriday, August 9, 2019 I (Somi. Arroys - Dwar & Mgr.) requested a MBV nome changed a thre Bersivess. Downuts Sel VIA certified Hail @ 12: Np. Sincerely Lars arrys - Exclusive Ditails & M, CCC.

## **COVER LETTER**

	Registration Sc Division of Cor				
SUBJEC		VE DETAILS E.M., LLC			
NODILC	Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		LOUIS A. ARROYO			
		EXCLUSIVE DETAILS E	Name of Person		
		P.O. BOX 350955	Firm/Company		
		MIAMI, FL 33135	Address		
		City/State and Zip Code EXCLUSIVEDETAILS0513@GMAIL.COM			
		E-mail address: (	to be used for future annual report no	otification)	
For furthe	er information c	oncerning this matter, please ca	all:		
LOUIS A	A. ARROYO		954 465-7119 at ( )		
	Name o	f Person		me Telephone Number	
Enclosed	is a check for the	ne following amount:			
□ \$25.0	0 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)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EXCLUSIVE DETAILS E.M., LLC

(Name of the Limited Liability Company as it now appears on our records.) A Florida Limited Liability Company) 2013 100 13 P 1: 59

The Articles of Organization for this Limited 1 Florida document number <u>L19000143108</u>	Liability Company were filed	on MAYSOCICITARY OF STAIL TALLAHASSEE, FLORIDA assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	any here:
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of	• · · · · · · · · · · · · · · · · · · ·	ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	MARTIN SANJUR CORT	EZ
New Registered Office Address:	6401 COWPEN RD 101	
	En	ter Florida street address
	MIAMI LAKES	, Florida 33014
	Ciţy	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 adderer removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOUIS A. ARROYO	6401 COWPEN RD 101 MIAMI LAKES, FL 33014	<b>∃</b> Add
			Remove
			Change
	MARTIN SANJUR CORTEZ	6401 COWPEN RD 101 MIAMI LAKES, FL 33014	
			Remove
			☐ Change
			Add
			□ Remove
			Change
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		-	Remove
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WE MADE A MISTAKE WE	HEN WE WERE FILLING OUT THE FORM
LOUIS A. ARROYO IS THE	EPERSON AUTHORIZED TO MANAGE THE COMPANY AND
MARTIN SANJUR CORTEZ	Z IS THE REGISTERE AGENT.
WE NEED THE NAME CHA REQUESTED BY THE BAN	ANGE TO OPEN A BUSINESS BANK ACCOUNT (NAME CHANGE IS
fective date, if other than the	AUGUST 9th, 2019 date of filing: (optional)
n effective date is listed, the date must	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed The 90th day after the reco	d effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
AUGUST 9th	. 2019
	Signature of a member or authorized representative of a member
J	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00