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O SIMMONS JAN 13 2020

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	DAR Mobil	e Deseiling ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DSR Howh Land	City/State and Zip Code	Dile Defeiling Apt 20. 5 W Sunrisc Blad antation, FL 33313 3068 mail. com
For further information co	oncerning this matter, please c		
De me bro	15 Kobinson Person	at (959) 478	- 52-69 e Telephone Number
Enclosed is a check for th	e 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE DER	Mobile Detailing	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>1900/52991</u> .	were filed on <u>13 - 4 - ZØ 1</u>	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		8 8
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	Hiberiation L.L.Corr
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)		SEE S
Enter new mailing address, if applicable:	6915 W Surris	F B/V
(Mailing address MAY BE A POST OFFICE BOX)	- 191 20 F 1916 - FL 3331	3
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	<u>. </u>
	Enter Florida street address	
	Florida	Zip Code
	City	гір Соце

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Ma $AMBR = Au$	nnager nthorized Member	
<u>Title</u>	<u>Name</u>	Address Apt, 202 Type of Action
MGR	Ricardo Henry	Address Apt 202 Type of Action 6915 W Survise Blod Plantation A 33313 DrAdd
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lf an eft <u>Note:</u>	tive date, if other than the date of filing: 12-4-2019 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	5.0207 (ted as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli e 90th day after the record is filed.	ier of:
Dated	12-4, 2019	
	Last Mil	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00