L19000229665

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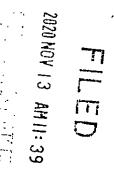
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COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: DETAIL FLORIDA	PLUS LLC	
Name of Limited	d Liability Company	
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
	•	
MANUEL JA	UER REDMINE	2
	Name of Person	
	Firm/Company	
ngag Aud co	~~ C.,	
8989 NW 63	Address	
Surrise Fl.	33351	
detailflorids	plus @ 9 mail. Co	m
E-mail address: (to	be used for future annual report no	tilication)
For further information concerning this matter, please cal	1:	
MANUEL TAVER RODRIGGEZ Name of Person	0. (112	2021
MANUEL JAWEIL KODRIGOZZ	ar (454) 643	3236
Name of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee &	S55.00 Filing Fee &	S60.00 Filing Fee.
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	0	
Mailing Address:	<u>Street Address:</u> Registration S	Section
Registration Section Division of Corporations	Division of C	
P.O. Box 6327	The Centre of	
Tallahassee, FL 32314		roe Street, Suite 810
	Tallahassee, f	1. 34303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_ ,,,, _ , ,, , _ _	us LL c
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L19000229665</u>	mpany were filed on 9 11 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	(252)
	020
Enter new mailing address, if applicable:	7020 NOV 7
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Nam Designand Agent's Signature if changing Registered	Agent

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
MGR	JUAN CARLOS GUZMAN	5289 NE ZND Ter	□Add
		FUT LAUDERDALE FL. 3334	⊠ Remove
			\ \ \ Change
			□Add
			Remove 1
			□ Clambge Solution Add Columbia Columbia
		<u> </u>	(3) □Remove
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Filing Fee: \$25.00