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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	<del>:</del> #)
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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJE		OBILE DETAILING LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LUKE CARL HOOPING	ARNER	
			Name of Person	
		HOOP'S MOBILE DETAI	ILING LLC	
			Firm/Company	<del></del>
		3605 162ND AVE E		
		-	Address	
		PARRISH, FLORIDA, 34	219	
		LUKE.HOOP@YAHOO.C	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
LUKE	CARL HOOPING	GARNER	941 465-0819	
	Name o	f Person	at ()	Telephone Number
Enclos	ed is a check for th	he following amount:		
<b>■</b> \$23	5.00 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

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(Evalue of the Link)	(A Florida Limited I	ny as it now appears on or liability Company)		
The Articles of Organization for this Limited L Florida document number 1.19000243869	iability Company	were filed on		
This amendment is submitted to amend the following	owing;			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
NO CHANGE				
The new name must be distinguishable and contain the	vords "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		NO CHANGE		
(Principal office address MUST BE A STREE	ET_ADDRESS)			
Enter new mailing address, if applicable:		NO CHANGE		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	-		records, enter the name of the nev	
Name of New Registered Agent:	NO CHANGE			
New Registered Office Address:	NO CHANGE			
	·	Enter Florida stre	et address	
			, Florida	
		. City	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>	Name	<u>Address</u>	Type of Action
MGR	LUKE CARL HOOPINGARNER	3605 162ND AVE E PARRISH, FLORIDA 34219	■ Add
			Remove
			☐ Change
		<del></del>	
			□ Remove
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Di	ock does not meet the ap	oplicable statutory fili	(optional) nore than 90 days after filing.) Purso ng requirements, this date will n	ant to 605.0207 (3)(1 ot be listed as the
If the record specifies a delayed (b) The 90th day after the rec		t not an effective	time, at 12:01 a.m. on th	ne earlier of:
Dated OCTOBER 29TH	2019			
Like Hoop				
Kuth Hoge	X nature of a member or	authorized representativ	e of a member	<u>.</u>

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Typed or printed name of signee

Filing Fee: \$25.00