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(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration S Division of Co	rporations		
SUBJECT:	Lawn Cace	B Autodetail Ll	_ C
Subject.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Calet	O Topez Name of Person	
	(awn Ca	ce > Auto detail LL	- C
		Firm/Company	202
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		26th St Address	28
	Capel	City/State and Zip Code	2021 JUL 28 PM 3: 09 SECRETALLY OF STATE TRULY AND SEEF, FIL
	lopez cal	Lb 70 ama;). com to be used for future annual report notification)	NE 09
For further information	concerning this matter, please c	call;	
Caleb	of Person	at (239) 888-17 Area Code Daytime Telephon	42 ne Number
Enclosed is a check for t	•		
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	Certified Copy	\$60.(#) Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of Corporations		Division of Corporation	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahass 2415 N. Monroe Street,	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	.iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000069716</u>	were filed on $OS - 1 - 2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	Pro LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	33909 26mst Cape Coral F1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	312 NE 26"SI COR GERMINI 33909 GO B III 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
Now Registered Agent's Signature if changing Registered Agent:	

New Registered Agent's Signature, it 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 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
AMBR Desida Menendez X. R. M.	Denisha Menendez	312 NE 26th st Cape Com/	bbA X0
	33909	□Remove	
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rd specifies a filed.	a delayed effective	date, but not ar	n effective t	time, at 12:01 a.m.	on the earlie	r of: (b) The	90th day :	after
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