# L20000088413

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Dc	ocument Number)	
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### **COVER LETTER**

Division of Corporations	
UBJECT: CB's Mobile Detailing Name of Limited Liability Company	
Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Christopher J. Blackmon	
CB's Mobile Detailing Firm/Company	
4398 Clinton Blad.	
Lake Worth, FL 33461 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
hristopher J. Blackmon at (561) 814-8019	
Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
☐ \$25.00 Filing Fee \$\ S30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status (additional copy is enclosed) ☐ \$60.00 Filing Fee.	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	etailing	our records.
(A Florida Liñ	ompany as it now appears on nited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L 2000088413</u> .	pany were filed on3	24 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	
	<del></del>	
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida s	treet address
		Florida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2029 JUH - 5 PH	Type of Action
MGR	Christopher J. Black	non 4398 CI	inton Blud	6: 53
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ffective da	ite, if other than the date of filing: (optional) 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 605,0207 (
Note: If the	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 605,0207 (date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the context of the
locument's	effective date on the Department of State's records.
record spec	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
ated	
	$\eta \sim 10^{-1}$
_	CYC
	Signature of a member or authorized representative of a member
	Christopher Bluckman

Filing Fee: \$25.00