L20 00000 89326

(Re	questor's Name)	
(Ade	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	
(On	370 (atc/2)pit 11011	o
PICK-UP	WAIT	MAIL
(Šu	siness Entity Nar	me)
`	•	
(Do	cument Number)	
(50	cament Hamber,	•
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



000345414900

06/11/20--01012--005 **30.00



JUN 2 9 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Rubio Mobile Ca	rnash & Detailing LLC Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	Acples FL 34105 City/State and Zip Code Tubio Mobile Wash (to be used for future annibil report notification) Finding Fee Soo, 00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Tabling Address: Livis Alberto Rubio Name of Person Rubio Mebile (arwash & Detailing Firm/Company) 1075 Albany Ct. Address Laples FL 34105 City/State and Zip Code Tubio Mobile Wash (29 mail . Com F-mail address: (to be used for future annibil report notification) Filing Fee Soo, 00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Tabling Address: Laples FL 350,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Tabling Address: Laples FL 350,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Laples FL 360,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Laples FL 360,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Laples FL 360,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Laples FL 360,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Laples FL 360,00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Lus Alber	to Rubio Name of Person
Rubio Mubil	e Carwash & Detailing Firm/Company
1075 Albany	C† . Address
For further information concerning this matter, please call:	e used for future amusar report notification)
Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			2029	
`	d Liability Company as it now appear A Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia	bility Company were filed on <u>V</u>	<u>March 25,</u>	2020 and assig	med .
Florida document number <u>L 2 0 0 000 89</u>	<u>326</u> .		. 	
This amendment is submitted to amend the following	wing:		6:48	•
A. If amending name, enter the new name of	the limited liability company he	ere:		
he new name must be distinguishable and contain the we	rds "Limited Liability Company," the d	esignation "LLC" or	the abbreviation "L.L	.C."
Enter new principal offices address, if applica	ble:			
Principal office address MUST BE A STREET				
· · · · · · · · · · · · · · · · · · ·			· ·	
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B				
maning address MAT DE ATTOST OF THEE B				
3. If amending the registered agent and/or re	~	ecords, enter the	name of the new	registere
gent and/or the new registered office address	here:			
	01/10 01	con the	1000+	
Name of New Registered Agent:	N/A NO	1691316 re	ed Agent	
New Registered Office Address:				
	Enter Flor	rida street address		
		, Floric		
	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 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>	<u>Address</u>	Type of Action
CEO	Luis Alberto Rubio	1075 Albany Ct.	E/Add
		Naples FL 34105	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

			Pa				
							_
							
				<u> </u>			
				· · · · · · · · · · · · · · · · · · ·		 	
			-				
					"		
· · · · · · · · · · · · · · · · · · ·							
						·	
				,			
							
-							
						-	
		·	-	· · · · · · · · · · · · · · · · · · ·		*	
ective date. i	if other than the	date of filing	•		(0)	ntional)	
effective date i te: If the date	s listed, the date mus inserted in this ble tive date on the De	it be specific and o ock does not me	cannot be prior to eet the applical	date of filing or m	ore than 90 days a	fter filing.) Pursua	nt to 605.0207 t be listed as
s filed.	a delayed effective				on the earlier of	(b) The 90th (day after the
cd <u>ju</u>	ne 7 huis	,	2020				
	, , , , , , , , , , , , , , , , , , ,	. /// /	1・ノ				
	- Rue	Mul	-10/	ized representative			