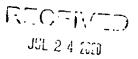
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

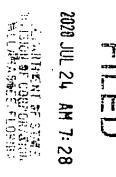
Office Use Only



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SEP 1 5 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Oceanside	Mobile Car Detailing & Pressure Washing
The enclosed Articles of Amendment and for	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
(	Jage Mulha-Michaud Name of Person
Oceans,	de Mobile Car Detailing & Pressure Washing
15.50	SE North Blackwell Dr. Address
Port	St. Lucie FL 34952 City/State and Zip Code
	erry, Mulka@amail.com  and address (to be used for future annual report notification)
For further information concerning this mat	ter, please call
Gage Mulha-Mich Name of Person Terry Mulha	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt;
\$25,00 Filing Fee  \$30.00 Filin Certificate	=
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
	or and or corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ing + Pressure Washing The Articles of Organization for this Limited Liability Company were filed on Accidental 23, 2020 and assigned Florida document number 40000110946. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 2 LC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Terry Mulka 550 SE North Blackwell Dr. Enter Florida street address Name of New Registered Agent: New Registered Office Address: C+ St. Lucie Florida 349.52

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
Mrgc	Terry Mulka	1550 SE North Blacker Port. St. Lucie, Fl. 34952	<i>P</i> ~ <u>//</u> □Add
			Remove
^		<u> </u>	□Change
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Filing Fee: \$25.00