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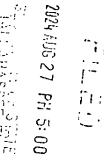
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Con	porations		
SUBJECT:	Shuman Signa Name of Lin	Hure Detailing (1)	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anto	nio <u>Shuman</u> Name of Person	
		Firm/Company	. .
	7630	5 Nw Hwy 226 Address	5 <i>A</i>
		Ocala 1F1 3448	2
	Shar E-mail address: (City/State and Zip Code Signaluman Antoniu @ gmail. (coto be used for future annual report not	e flectuber 242 gmoil Com om ilication)
For further information c	oncerning this matter, please ca		
Antoni Name o	o Shaman f Person	at (<u>352)</u> 78 9 -5 Area Code Daytim	5044 te Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	LLC our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2000122973</u> .	ny were filed on $5/6$	C/2020a	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	Fleet wash	41.0	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			202
(Principal office address MUST BE A STREET ADDRESS)			G)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Service of the servic	27 PH 5: 00
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our recor	ds, <u>enter th</u> e name of t	he new registered
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:			
	Enter Florida st	reet 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

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
(If an ef Note:	(optional) Tective 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 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/30/2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00