

L20000 138441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

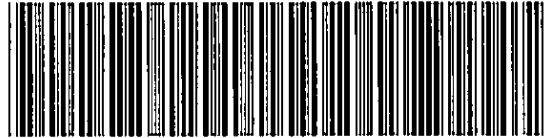
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -8 PM 5:19

O SIMMONS

JUN 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.M. Yacht Detail
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Montana Hughes
Name of Person

A.M. Yacht Detail
Firm/Company

14951 Royal Oaks Ln Apt 1708
Address

N. MIAMI, FL 33181
City/State and Zip Code

info@AMyachtdetail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Montana Hughes at (954) 790 7003
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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

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

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>	<u>Address</u>	2020 JUL -8 PM 5:19	<u>Type of Action</u>
AMBR	MONTANA R	14951 Royal Oaks LN		<input type="checkbox"/> Add
↑	Hughes	Apt 1708		<input type="checkbox"/> Remove
Change from AR to AMBR		N M.I.A.M. FL FL 33181		<input checked="" type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
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				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please just change Montana R Hughes "A12" to
Montana Hughes "AM12". Unfortunately,
the bank wouldn't allow me to open a
business account unless this title was behind
my name.

Thank You,

Montana
Hughes

2020 JUN - 8 PM 5:19

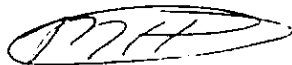
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 3rd, 2020.



Signature of a member or authorized representative of a member

Montana R. Hughes

Typed or printed name of signer