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## **COVER LETTER**

FO: Registration Sec Division of Corp			
SUBJECT:	Crisa Clein D.	etui na LLC	
JOBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of z	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter to		
	Dalvin Robe	Name of Person	
		Name of Person  Loan Detmling LC  Firm/Company	
	2303	Kara Drive Address	
	Tallahasse	City/State and Zip Code	<u></u>
	Cyispy Clea E-mail address: (t	n de tailing 1/c @ gmail o be used for future annual deport no	orification)
For further information co	oncerning this matter, please ca	ili:	
Hamal Pres	) ley f Person	at ( <u>\$50</u> ) <u>930</u> Area Code Dayti	-5555 ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	☐ \$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	Street Address: Registration S	
Division of C		Division of C	orporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crispy Clear Detailing LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on May 4, 2020  Florida document number	(	and assi	gned
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	abbrevia	ntion "L.I	C."
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)	-1,	201	
	•	ÁH	1 ,
B. If amending the registered agent and/or registered office address on our records, enter the na	ime of	the nev	registere
agent and/or the new registered office address here:		PH 12:	
Name of New Registered Agent:		0)	
New Registered Office Address:  Enter Florida street address		_	
City	7.	ip 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Dalvin Roberts		□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove

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
AMBR	David London	3840 Magellan Court	□Add
		Tallahassee, Fl 32303	ZRemove
			□ Change
			□Add
			□Remove
			□Change
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