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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: JCP Mobile Detailing, LLC 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: |
| Jacques A. Charles-Pierre Name of Person |
| Firm/Company |
| 450 NW 134th Ave #004 |
| Pembroke Pines FL 33028 City/State and Rip Code Jack CP305 e gmail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Targues Charles-Pierre at (786), 506-4958 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \$\$\$\$\$\$\$\$\$\$ \$\Bigcup \text{\$ |

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

| JCP Mobile | e Detailina | 1.4 | 1) | | |
|--|---|------------------------|-----------------------------|-------------------------|--|
| (Name of the Limit | ted Liability Company as it (A Florida Limited Liability | now appear Company) | s on our records.) | | |
| The Articles of Organization for this Limited L | iability Company were f | iled on <u></u> | e/19/2020 | and assigned | |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liability co | mpany h <u>e</u> | <u>re</u> : | | |
| | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Con | pany," the do | esignation "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applic | eable: | | | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | | | |
| | | | | | |
| F | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE | <u></u> | | | | |
| | | | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address | | s on our re | cords, <u>enter the nam</u> | e of the new registered | |
| Name of New Registered Agent: | Lalelei | B | Keny | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | Cii | v | , Florida | 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

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 |
|--------------|----------------------|--------------------------|----------------|
| MGR | Solomon Charles-Pier | re 450 NW 134th Ave | □Add |
| | | # 204 | Remove |
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| Signature of a member or authorized representative of a member | | | | <u> </u> | • | | | | |
| Signature of a member or authorized representative of a member | $\mathcal{A}_{\mathcal{A}}$ | sol E | <u> </u> | | | | | | |
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