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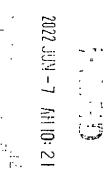
(Requestor's Name)
(Address)
,
(Address)
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(Document Number)
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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Modern Det			
SOBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Shavoy G Bekford		
			Name of Person	
		Modern Detailing PSL		
			Firm Company	<u> </u>
		4686 SW Obelisk St		
			Address	
		Port St Lucie, FL 34953		
			City/State and Zip Code	
		shavoybeekford@hotmail.co		
	A .		to be used for future annual report notif	ication)
For further i	ntormation co	oncerning this matter, please ca	all:	
Shavoy G B	leckford		561 701-0970	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 i	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
Tollahaman FL 22214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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



MODERN DETAILING PSL, LLC

2022 JUN -7 AH 10: 21

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appea Liability Company)	rs on our records.)	TÁLL.	7.2
The Articles of Organization for this Limited Liability Company Florida document numberL20000179609	were filed on	06/26/2020	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:		
Modern Day Detailing, LLC		_		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the c	lesignation "LLC" or	the abbreviation "L.I	C."
Enter new principal offices address, if applicable:	4686 SW Obeli	sk Street		
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie, F	1 34953	"	
Enter new mailing address, if applicable:	4686 SW Obeli	sk Street		
(Mailing address MAY BE A POST OFFICE BOX)	Port St Lucie, F	L 34953	<u> </u>	
B. If amending the registered agent and/or registered office and agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	nddress on our r	ecords, <u>enter the</u>	name of the new	registered
	Enter Flor	ida street address		
		, Florid		
			7: /: /	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code	

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:

N	IG	R	=	Ma	na	ger
					_	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			<u>'</u> ∐Add
			Remove
			□Change
			□Add
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			□Change
			□Add
		-	□Remove
			~iChange

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
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(If an ef) Note:	ive date, if other than the date of filing:
he recor ord is fi	rd 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 led.
Dated	06/02/2022
	Signature of a member or authorized representative of a member
	Shavoy G Beckford
	Typed or printed name of signee