

L20000207552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600354092796

RECORDED  
2020 OCT 22 PM 1:08

FILED  
2020 OCT 22 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V. SULKER

OCT 27 2020

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 10/22/2020

**\*\*WALK IN\*\***

ENTITY NAME REECE PAINT CORRECTION AND COATING LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2020

SUNSHINE STATE

**CORRECTED**  
Please Allow For  
Same File Date

SUBJECT: REECE PAINT CORRECTION & COATINGS L.L.C.  
Ref. Number: L20000207552

We have received your document for REECE PAINT CORRECTION & COATINGS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00021067

RECEIVED  
2020 OCT 26 PM 12:56

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

Reece Paint Correction & Coatings L.L.C.

(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 07-16-2020 and assigned  
Florida document number L20000207552.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GlossBoss Auto Detail LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

10812 Breaking Rocks Dr.

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa, FL 33647

**Enter new mailing address, if applicable:**

10812 Breaking Rocks Dr.

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa, FL 33647

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street 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**

**FILED**  
2020 OCT 22 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|--------------|--------------------------|--|
| AMBR         | Joshua Reece | 10812 Breaking Rocks Dr. | <input type="checkbox"/> Add               |
|              |              | Tampa, FL 33647          | <input type="checkbox"/> Remove            |
|              |              |                          | <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            |
|              |              |                          | <input type="checkbox"/> Add               |
|              |              |                          | <input type="checkbox"/> Remove            |
|              |              |                          | <input 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            |

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

Multiple horizontal lines for amending information.

m. 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.

n. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

a) The 90th day after the record is filed.

Dated 10-22 2020

/s/ Joshua Reece

Signature of a member or authorized representative of a member

Joshua Reece

Typed or printed name of signee