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## **COVER LETTER**

TO:

TO: Registration 5 Division of Co			
HEADLI	GHT, RESTORATION SERVIC	ES OF THE PALM BEACHES L	LC
SUBJECT:		· ·	•
· · · · · ·	Name of Lin	nited Liability Company	<u></u>
The enclosed Articles o	f Amendment and fec(s) are sul	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	JULIO CLESTIDO		
		Name of Person	
	<del></del> -	Firm/Company	
	1710 4TH AVE N APT 50	2	
	LAKE WORTH, FL 3346	Address 0	
	JLESTIDO22@GMAIL.CO	City/State and Zip Code	
For further information		to be used for future annual report not	ufication)
	concerning this matter, please c		
JULIO C'LESTIDO		561 294-3166	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address:	ation.
Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of 3	•
Tallahassee,	FL 32314		be Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEADLIGHT RESTORATION SERVICES OF THE PALM BEACHES 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  $\frac{08/04/2020}{}$ \_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELITE AUTO DETAILING & HEADLIGHT RESTORATION SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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:

## 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.

City

Enter Florida street address

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
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record specifies a delayed effecti d is filed.	ive date, but not an effec	ctive time, at 12;0	La,m, on the earlie	er of: (b) The 90th d	ay after the
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