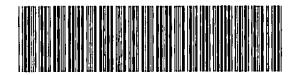
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(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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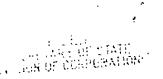
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: DIAN	Mame of Limi	UXUY HONE D	etailing, uc
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jeremiah	Name of Person	
	Diamond I	50th Luxury Mc	bik Detailing, LLC
	3903 Dr. H	OTHO LUTHER KIY	ly Jr. Blvd. Suite 5
	Ft. Hyers,	City/State and Zip Code	
	CHIMDADA E-mail address: (1	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	dl:	
Jeremian Name o	EVOOS f Person	at (334) 400 { Area Code Daytime	5398 Telephone Number
Enclosed is a check for the	ne 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)

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



The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 abbreviation "L.L.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) 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

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.

Cirv

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 = M $AMBR = A$	anager uthorized Member	AANSTON OLD AUSTRALIA TANA OLD AND AND AND AND AND AND AND AND AND AN	. S
<u>Title</u>	Name	Address 21 APR 12 PM 2: 4	Type of Action
MGR	Mathew Branch	626 SW 27th Ter	
		Cape Coral, FL 33914	Remove
			□Change
HGB	Jeremiah Evans	4401 Cortina Cir #33	Y DXVqq
		H.Myers, FL. 32916	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			

If amending any other information, enter change(s) here:	WASTON OF CONTINUES
	21 APR 12 PH 2: 48
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	<u></u>
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicat document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective timord is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 07 2021	_·
	ized representative of a member
Jeremiah Typed or printed	Evans