

K21000019425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2022 JUN 24 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D'2 MOBILE Detailing
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:

Darrell Randle JR
Name of Person

D'2 MOBILE Detailing
Firm/Company

3149 19th AVE S
Address

ST PETERS FL 33712
City/State and Zip Code

KANDIE.DARRELL@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darrell Randle at (787) 303-8766
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FILED

2022 JUN 24 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FL

D12 Mobile Detailing

(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 1-6-2021 and assigned Florida document number L21000019425.

This amendment is submitted to amend the following:

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

D12 Mobile Detailing & Training, 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:

(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

_____, 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

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

Title Name Address Type of Action

de

~~OWNER~~ ~~DARRELL L. RANDOLPH~~ ~~3149 19TH AVE SOUTH~~ Add

_____ Remove

_____ Change

MANAGER JEFFLEANN A. JONES 3149 19TH AVE SOUTH Add

ST. PETERSBURG, FL 33712 Remove

_____ Change

_____ Add

_____ Remove

_____ Change

