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(Re	questor's Name)	
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- (Cit	y/State/Zip/Phone	<u>#)</u>
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

	Registrat Division o								
CLUD LEZ			OBILE DETAILING LLC						
SUBJEC	.l:		Name of Lim	nited Liability Cor	npany				
The encl	osed Artic	les of A	mendment and fee(s) are sub	omitted for filing	<u>.</u>				
Please re	turn all co	rrespon	dence concerning this matter	to the following	3:				
			SERENA DERVIL						
				Name of I	Person				
			KD ELITE MOBILE DET	TAILING LLC					
				Firm/Con	npany				
	1410 GRANVILLE LANE								
				Addre	ss				
			ORLANDO, FL 32803						
			KDELITE.MOBILEDETAI	City/State and	,				
			E-mail address: (**		eport notification	1)		
For furth	er inform:	ition coi	neerning this matter, please ca	all:					
SEREN	A DERVII			407 at (2764			
Name of Person		erson		Code	Daytime Telep	ohone Number			
Enclosed	l is a checl	c for the	following amount:						
\$25.	00 Filing l	Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional			Certified (e of Status &	
	Mailing A Registra Division P.O. Bot Tallahas	tion Se r of Co x 6327	rporations		Division The Cent 2415.N.	dress: tion Section of Corporate tre of Tallah Monroe Stre see, FL 3236	iassee eet, Suite 81		C :: 17

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KD ELITE MOBILE DETAILING 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 L	iability Company	y were filed on JAN	IUARY 7, 2021	and assigned
Florida document number L21000020635	,			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	bility company her	<u>·e</u> :	
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the de	signation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applie	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)	···		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		address on our re	cords, <u>enter the name</u>	of the new registered
New Registered Office Address:	N/A			
		Enter Florie	la street address	
			, Florida	Zip Code
		City		
New Registered Agent's Signature, if changing I	:	· .	<u>်</u>	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibering filed to merely reflect a change in the second control of the second change in the second control of the second control	er and complete stered agent as _i	e performance of r provided for in Cl	ny duties, and I am fa hapter 605, F.S. Or, if	niliar with and This document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERICK DERVII.	3217 CASTLE OAK AVE	≣ ∧dd
		ORLANDO, FL 32808	□Remove
			□Change
			□Add
			Remove
			□ Add
			□Remove
			□Add
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	ENA DERVIL							