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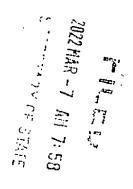
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Section Division of Corpora			
SUBJECT: PREM	ife One n	Mobile Detailing	a 11.C
SUBJECT: 1 RECEIVE		ited Liability Company	3 200
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
<u>-</u>	Enrique (JONZALEZ Name of Person	
f) remier one	Mobile Detail Lake Ct_	ing LLC
iO	13 Pinewood	Firm/Company	3
	VEA JOACE	ALL LEDON ST. D	
-		Address	
i			
<u>V</u>	iest palm b	SEACH FL 33415 City/State and Zip Code	
Į.	_	D gmail. com	
_	E-mail address: (f	o be used for future annual report notific	cation)
For further information concer	ming this matter, please ca	all:	
Fraigne O		5 (1 330	a. (1.2
Name of Pers	OIZALEZ ON	at (<u>56U)</u> 229— Area Code Daytime	Telephone Number
		7 v	Terephone (Value)
Enclosed is a check for the fol	lowing 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:		Street Address:	
Registration Secti		Registration Sect	
Division of Corpo P.O. Box 6327	TALIONS	Division of Corp The Centre of Ta	
Tallahassee, FL 3	2314	2415 N. Monroe	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEU

Premier one r	NOBILE Liability Compar Florida Limited L	iv as it now appears of our iability Company)	2022 HAR -	7 AH 7:58
The Articles of Organization for this Limited Liab	ility Company			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the PREMIER SELECTION The new name must be distinguishable and contain the word	ns Ll	_C	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable Principal office address MUST BE A STREET A		1093 Pine WEST PAIN	r Beach	<u>Ke CT</u> FL 33415
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	1359 Sun APT 4315 FL 33415	rmit Pine West Pal	
B. If amending the registered agent and/or regingent and/or the new registered office address h	stered office a	ddress on our records,	enter the name of	the new registered
		ive gonza		
New Registered Office Address:	1093 P	incupod Li		
į	149 TESL	m Beach City	_, Florida <u>33</u>	5415 p 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 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** MGR PABLO Ruiz West Palm Beach, f1 33415. Remove AMBR Danielle Kennedy 1359 Summit Pines BLVD MADD APT 4315 West PAIN BEACH FL, 33415. ______ □Remove ____, □Add _____ Remove _____ □Remove _____ □Change ____ □Remove ______ □Change _____ □ Add

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	<u> </u>
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-	
lf an efi <u>Note:</u>	ive date, if other than the date of filing: 3-1-2022 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
rd is fi	Signature of a member of authorized representative of a member Enrique Gonzalez.

Typed or printed name of signee