L21000075246

(Requ	uestor's Name)	
(A 4.1)		
(Addı	ess)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
•	,	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





700361524307

03/22/21--01040--025 **60.00

COVER LETTER"

SARASOTA RUTO DETAILS CENTER LLC.

ELVIS BONILLA 3316 SW 17THPL. CAPE CORAL, Fl. 33914. CEIL No. 239-271-8650 EMAIL ELVISIDEA DAOL. COM. ACCOUNT No. L21000075246

FL DEPARTMENT OF STATE REGISTRATION SECTION DIVISION OF CORPORATIONS THE CENTRE OF TALLAHASSEE 2415 N. MONROE ST. SUITE 810

TALLAMASSEE, FC. 32303.

MARCH 17, 2021

TO WHOM IT MAY CONCERN:

I AM REQUESTING TO CHANGE THE NAME OF

SARASOTA AUTO DETAILS GENTER LLC TO SARASOTA

SARASOTA AUTO DETAILS GENTER LLC TO SARASOTA

AUTO DETAIL CENTER LLC. JUST BY REPLACING THE

CUORD DETAILS FOR DETAIL. A LSO TO CHANGE

THE TITLE FROM CEO TO PRESIDENT.

NOTE: THE CURRENT ADDRESS REMAINS THE SAME

AS BOTH ADDRESS IN THE SYSTEM FOR BUSINESS

PLACE AND MAILING.

PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS ...

THANK YOU FOR YOUR ASSISTANCE.

You Boulle.

SINCERELY,

Elvis BONILLA

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
	to Details Center LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	Elvis Bonilla		
		Name of Person	
	Sarasota Auto Details Cent	er LLC	
		Firm/Company	
	4221 Clark Rd		
		Address	
	Sarasota, Fl. 34233		
		City/State and Zip Code	
	elvisidea@aol.com	<u></u>	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Elvis Bonilla		239 271-8650	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	stion
Registration : Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarasota Auto Details Center LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on 02/12/2021	and assigned
lorida document number 1.21000075246		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability of	company here:	
Sarasota Auto Detail Center LLC		
he new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		_ _
		<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
		2:3
B. If amending the registered agent and/or registered office addre	ess on our records, enter the nai	ne of the new regi
gent and/or the new registered office address here:		. •
		22
Name of New Registered Agent:		1
		:5
New Registered Office Address:	Enter Florida street address	: ည မ (၁)
	gen · s	()
	Florida	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 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
President	Elvis Bonilla	3316 SW 17th Pl. Cape Coral, Fl. 33914	□ Add
			□Remove
.			□ Add
			□Remove
			□Сһапgе
			□Add
			Remove
			□ Change
			□Add
			⊡Remove
			Change
			□Add
			□Remove
			□Change

		-		· · · · · · ·
		<u>. </u>		
			_	
	<u> </u>			
				
		<u> -</u>		
		<u> </u>		
		 		
		<u> </u>		
	<u>-</u>	<u> </u>		
Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet	the applicable statutor	(opting or more than 90 days after filing requirements, the	ional) er filing.) Pursuum to 605.020 iis date will not be listed a
e record specifies a delayed effec rd is filed.	rtive date, but not an e	effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
Dated March 14	2	021		
	6	200		
Edir)	Boul	her or authorized represe		

Filing Fee: \$25.00