Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301

Phone : (813)223-7474

Fax Number : (813)227-0435 88-8888/TSG

##Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: k.m.marinedetailingllc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS K.M. MARINE DETAILING LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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Corporate Filing Menu

Help

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## **COVER LETTER**

	istration Se iston of Cor					
SUBJECT:	K.M. Mari	ne Detailing LLC				
SOLUCI.		Name of Lim	nited Liability Company			
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		Kevin Miller				
			Name of Person			
		K.M. Marine Detailing LI	.c			
		<del></del>	Firm/Company			
		14347 Oliver Street				
			Address	<del></del>		
Largo, FL 33774						
			Ciry/State and Zip Code			
		k.m.marinedetallingile@gm	ail.com to be used for future annual report notif	Parisas)		
For further in	formation c	e-man address: ( oncerning this matter, please c	·	neation)		
Kevin Miller		,	 727 342-2977			
	Name o	f Person	at ()	e Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ling Addres		Street Address:	vtion		
	istration S ision of C	orporations	Registration Sec Division of Con	porations		
	. Box 632 lahassee, I		The Centre of T 2415 N. Monro Tallahassee, FL	Street, Suite 810		

company has been notified in writing of this change.

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000373534 3))) FILED 2024 NOV 12 AM 9: 22

	٠. ۲.
K.M. Marine Detailing LLC  TALLAHASSE FLURI  (Name of the Limited Liability Company as it now appears on our records.)	; ;
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	DA
The Articles of Organization for this Limited Liability Company were filed on and assigned	í
Florida document number L21000112871	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
K.M. Marine Detailing and Soft Washing 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:	<del></del>
(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 regis	stere
agent and/or the new registered office address here:	
Name of New Registered Agent:	_
New Registered Office Address:	_
Enter Florida street address	
, Florida	
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 wit 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

If Changing Registered Agent, Signature of New Registered Agent

From: Teresa Good

Fax: 18132027827

MGR = Manager AMBR = Authorized Member To:

Fax: (850) 617-6383

Page: 4 of 5

11/09/2024 11:42 AM

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## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
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To.

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rd is filed.  November		<del></del> · <u></u>	024						
Dated November	- 11.			ed representativ	o of a more bar		· <del></del>	<del></del>	