121000121281

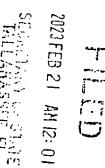
| (Requestor's Name) |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| 200 |
| 789,623,672 |
| • |

Office Use Only



600390756396

07.113/22--01008--007 **60.00



COVER LETTER

| FO: Registration Section Division of Corporations |
|---|
| SUBJECT: ESSENTIAL MARINE DETAILING, LLC |
| 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: |
| JAKE AUX GRIGAS |
| ESSENTIAL MARINE DETAILING, LLC Firm/Company 10200 S. OCEAN Dr. APT # 506 Address JENSEN BEACH, FL, 34957 |
| 10200 S. OCEAN Dr. APT # 506 |
| 10200 S, OCEAN DE, APT # 506 Address JENSEN BEACH, FL, 3495777 City/State and Zip Code JAKE GRIGAS Q GMAIL. COM E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Jake Greas at (772) Name of Person at (772) Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Street Address: Registration Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303



October 6, 2022

JAKE ALIX GRIGAS 10200 S OCEAN DR APT #506 JENSEN BEACH, FL 34957

SUBJECT: ESSENTIAL MARINE DETAILING LLC

Ref. Number: L21000121281

2023 FEB 21 AN 12: 01

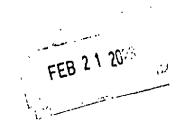
We have received your document for ESSENTIAL MARINE DETAILING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 322A00022350



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ESSENTIAL M | ARING | DETAILLA | ia, LL | C | |
|---|--|--|--------------------|-----------------------|-------------------|
| (Name of the Limited Liab | ility Company | as it now appears on a ability Company) | our records.) | | |
| The Articles of Organization for this Limited Liability $q(z) = 24.11.2.79$ | Company w | were filed on $\frac{3}{}$ | 15/2021 | and assigned | |
| Florida document number | <u>, </u> | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the li | mited liabili | ity company here: | | | |
| The new name must be distinguishable and contain the words "L | | | | | _ |
| The new name must be distinguishable and contain the words "L | imited Liability | y Company," the design | ation "LLC" or the | abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | <u> </u> | | | _ |
| Principal office address MUST BE A STREET ADI | DRESS) | | | | _ |
| Enter new mailing address, if applicable: | | N/A | | 2023 FEB 2 | - T; |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | Maria Da Prin | <u></u> |
| B. If amending the registered agent and/or registe | red office at | ddress on our recor | ds, enter the n | ame of the new regis | i J |
| agent and/or the new registered office address here | <u>e</u> : | | | _ | |
| Name of New Registered Agent: | NIX | | | | |
| New Registered Office Address: | 1/4 | Enter Florida s | greet address | | _ |
| | | | , Florida | Zin Code | |
| | | Cuy | | ир Соас | |

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 Type of Action Address Name Title 10200 S. Ocean De. AM#506 MAdd MEIGES JENSON BEACH, FL, 34457 PRemove ______ Change \square Add □Remove ____ □Change \square Add EB 2 gge AH /2 □ Remove □Change ___ □Remove ___ □Change ____ □Remove _____ Change

| - <u>N(r.</u> - | | | ; | | | | |
|-----------------------------------|---|---------------------|------------------|-----------------------|---|---|----------------|
| | | | | | <u>. </u> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| -; | | | | | | | |
| | | | | | | (2) |) <u>(</u> |
| | | | | | | | 2023 EED |
| | | | | | | |)) |
| | | | | | | | - |
| | | | | | | 7 | (|
| | | | | | | | |
| | | | | - | | . 10 | |
| : | | | | | , | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Note: If the date ii | other than the dat listed, the date must be nserted in this block we date on the Depar | goes not meet in | ic applicable si | of filing or more the | (options an 90 days after fil uirements, this d | a l) ing.) Pursuant to 605 ate will not be liste | .0207 :d as |
| record specifies a d is filed. | delayed effective da | ite, but not an eff | fective time, at | 12:01 a.m. on th | e earlier of: (b) | The 90th day after | r the |
|)ated | | - 11 | 9 | | | | |
| | | | | | | | |

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ESSENTIAL MA | RINE | DETA | LLNG, | LLC | | |
|---|-----------------------|----------------|-------------------------------|----------------|---------------------------|----------------------|
| (Name of the Limited Liabil | ity Company | as it now appe | ars o <u>n our recor</u> ' | <u>ds.</u>) | | |
| The Articles of Organization for this Limited Liability C | | | 3/15/2 | roal | | |
| The Articles of Organization for this Limited Liability C | Company w | ere filed on _ | - // | | _ and assig | ined |
| Florida document number <u>36 - 3821228</u> | · | | , | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the lin | nite <u>d liabili</u> | ty company | here: | | | |
| N/A | | | | 222 d 11aa | winting of 1 | |
| The new name must be distinguishable and contain the words "Lin | nited Liability | | designation "LL | C or the abore | Villion 15,15 | , |
| Enter new principal offices address, if applicable: | | N/V | | | | |
| (Principal office address MUST BE A STREET ADD | <u>RESS)</u> | | | | | |
| Enter new mailing address, if applicable: | | _ N/A_ | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | FE | I THE REAL PROPERTY. |
| | | | | | 2 | |
| B. If amending the registered agent and/or register | ed office ac | idress on ou | r records, <u>ent</u> c | er the name: | of the new | registered |
| agent and/or the new registered office address here | : | | | ing. | . 72 | |
| Name of New Registered Agent: | NK | | | | : 02 | |
| | ols | | | | | |
| New Registered Office Address: | - 10 (T | Enter i | Plorida street add | ress | | |
| | | | | Florida | | |
| | | City | | - | $Zip \overline{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 Type of Action Address <u>Name</u> Title 10200 S. OCEAN DR. APT # 506 ID Add (1816 AS AKBE JENSEN BEACH, FL 34957 PRemove □ Change Remove _____ Remove □Remove ____ □ Add

_____ □Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ______ . ____ Signature of a member or authorized representative of a member Typed or printed name of signee

Filing Fee: \$25.00