L21000140787

(Re	questor's Name)	
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— (City	y/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp					
	MB Details.					
SUBJI	ECT:					
		Name of Limited Liab	ility Company			
The en	closed Articles of	Amendment and fee(s) are submitted f	or filing.			
Please	return all correspon	dence concerning this matter to the fo	ollowing:			
		Manuel Corrales				
		N	Same of Person		_	
		MB Details, LLC				
		F	_			
Firm/Company 4401 NW 87 Ave, Apt. 617						
	Address					
		Doral, FL 33178				
		City/S	State and Zip Code		_	
		manyboyer2976@gmail.com				
		E-mail address: (to be use	d for future annual report notific	cation)		
For fur	ther information co	ncerning this matter, please call:			_	
Andre	a Castaldi		786 405-3557		<u></u>	40
			at ()		<u>;</u> .	Q)
	Name of	Person	Area Code Daytime	Felephone Numbe	خ خ	<i>!</i>
Enclos	ed is a check for the	e following amount:			<u>ဟ</u> ်	~
□ \$2	5.00 Filing Fee	Certificate of Status C	55.00 Filing Fee & Certified Copy additional copy is enclosed)	Certifi e c	Filing Fee_ ate of Status & d Copy al copy is enclosed)	5

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB Details, LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our prida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liabilit Florida document number $\frac{L21000160787}{L21000160787}$	y Company were filed on April 07, 20)21	and assig	gned
This amendment is submitted to amend the following	Ç.			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	ı "LLC" or the abl	breviation "L.1.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registor agent and/or the new registered office address her		enter the name	e of the new	registered
Name of New Registered Agent:				
New Registered Office Address:		9		
	Enter Florida street e	address . Florida	2	QD
	City		Zip Gode	77
New Registered Agent's Signature, if changing Regist	ered Agent:		. 1	* *- *

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>	<u>Address</u>	Type of Action
AMBR	Andrea Castaldi	4401 NW 87 Ave, Apt. 617, Doral, FL 33178	_
-			🗆 Add
			≣Remove
			□Change
			□Add
			□Remove
		9	□Change
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ffective date, if other th	an the date of fili	ng:			(optional)	2L	
an effective date is listed, the cote: If the date inserted in	date must be specific at this block does not	nd cannot be prio . meet the applic	r to date of filing cable statutory	or more than 90 filing requires	days after filing	g.) Pursuant to	o 605,020 Nictor
ocument's effective date or	n the Department of	State's records	i.	g requiren	iems, una unc	. WIII ORAC DC	. Hstett a
record specifies a delayed e is filed.	effective date, but no	ot an effective t	ime, at 12:01 a	i.m. on the earl	ier of: (b) Tl	he 90th day	after the
July 16		2021					
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		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/				
	Signature of a	n number or auch	orized represent	ative of a membe	er		_

Filing Fee: \$25.00