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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

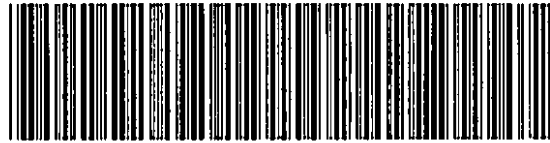
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22 AUG 29 PM 2:25

DEPARTMENT OF REVENUE
DIVISION OF COURT OPERATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL COLO 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:

RAFAEL A. MORALES-GARCIA
Name of Person
EL COLO DETAILING LLC
Firm/Company
4460 OLD TAMPA HWY
Address
KISSIMMEE, FL 34746
City/State and Zip Code
RAFASUZUKI2019@GMAIL.COM
E-mail address: (to be used for future annual report notification)

22 AUG 29 PM 2:26
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

FRANCISCO PERALTA 407 929-8788
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL COLO DETAILING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

22 AUG 2022 PM 2:26

DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 04/16/2022 and signed

Florida document number L21000177111

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1615 NORTH BLVD W DAVENPORT FL, 33837

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1615 NORTH BLVD W DAVENPORT FL, 33837

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1615 NORTH BLVD W

Enter Florida street address

DAVENPORT

Florida

33837

City

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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28 AUG 29 PM 2:26
DIVISION OF CORRECTIONS
STATE OF CALIFORNIA

22 AUG 29 PM 2:26

22 AUG 29 PM 2:26

DIVISION OF CONTOURING

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.

Dated August 24th, 2022

Designed by
Paul May

Typed or printed name of signee

Filing Fee: \$25.00