## L21000293788

(Req	uestor's Name)	
(Addi	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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## **COVER LETTER**

TO: Re	egistration Sec ivision of Corp	ction corations		
SUBTECT		SS MOBILE DETAILING &	SUPPLIES LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub-	nitted for filling.	
Please retu	rn all correspo	ndence concerning this matter	o the following:	
		ASHLEY GRANT		
			Name of Person	
		C. LUTHER PICKELS & .	ASSOCIATES LLC	
			Firm/Company	~
		990 S JEFFERSON ST		
Address				
		MONTICELLO, FL 32344		
			City/State and Zip Code	<del></del>
		ASHLEY@LUTHERPICK	ELSCPA.COM  o be used for future annual report notificatio	
For further	information co	oncerning this matter, please ca	-	u,
ASHILEY	GRANT		850 997-0777 ac ()	
		Area Code Daytime Tele	phone Number	
Enclosed is	s a check for th	ne 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)
R E P	lailing Addres legistration Solvision of Co. O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions nassee eet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 July 100 3:58



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

The Articles of Organization for this Limited Liability Company	were filed on 06/24/2021	and assigned
Florida document number L21000293788		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabl	lity Company," the designation "ULC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	, Fic	orida
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	JABORI Williams	535 ALABAMA St	(3Add
		monticelle FL 32344	□Remove
			🗆 Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
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			□Remove
			□Change
			🗆 Add
			□Remove
		<u></u>	□Change

Effective date, if other than the date of filing:			
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Signature of a member or authorized representative of a member	JULY 14	2021	
	Dated		
	Nelso	oll William	
IARORI WILLIAMS	วเลิมข	dure of a member or authorized representative of a member	
VI DE CALL TO DECEMBRIC	JABORI WILLIAMS		

Filing Fee: \$25.00