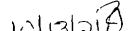


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10/04/21--01048--005 **25.00



COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
	RE LUXURY DETAILING				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	smitted for filing			
		-			
riease return all correspo	ondence concerning this matter	to the following:			
	AUSTIN HIRTH				
		Name of Person			
	AUTOCARE LUXURY E	DETAILING LLC			
		Firm/Company			
	1680 W ROMANA ST				
		Address			
	PENSACOLA/FLORIDA	/32502			
		City/State and Zip Code			
	PENSCAOLAAUTOCARI	-			
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please of	all:			
AUSTIN HIRTH		850 261-5599 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ection		
Division of C	Corporations	Division of Co	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, l	FL 34314	Z415 IN. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . OF

AUTOCARE LUXURY DETAILING

(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 07/07/2021 _ ___ and assigned Florida document number L21000311341 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: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MATHEW WHEELER	100 SOUTH J ST.	□Add
		PENSACOLA, FL. 32502 US	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
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an effective iote: If the	date is listed, the d date inserted in	ate must be specific ar	nd cannot be prior to comeet the applicable		an 90 days after filing.) Pur- uirements, this date will	
record spe Lis filed.	cifies a delayed e	ffective date, but no	ot an effective time	, at 12:01 a.m. on th	e earlier of: (b) The 90t	h day after the
10/01 ated	1/2021		/_/			
			1///			
			14/5/1/	ed representative of a		

Typed or printed name of signee