## L21000387944

(Re	questor's Name)	<del></del>
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(Ad	dress)	
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		<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2021 HOV 12 AH 7: 56

A. BUTLER NOV 1 8 2021

## .cion Section TO:

## **COVER LETTER**

.vision of Corporations

PUJOL'S <b>SUBJECT</b> :	MOBILE AUTO DETAILING	LLC		
	Name of Lin	ited Liability Company		-
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	EDELIO PUJOL			
		Name of Person	····	<del></del>
	N/A			
		Firm/Company	_	
	30447 DOUBLE DR			
	· · · · · · · · · · · · · · · · · · ·	Address	<u> </u>	<del></del>
	WESLEY CHAPEL, FL 3	3545-4225		
	pujoledelio@gmail.com	City/State and Zip Code		_
	E-mail address: (	to be used for future annual report no	tification)	-
For further information	concerning this matter, please c	all:		
EDELIO PUJOL		813 283-8134		
Name	e of Person	at () Area Code Daytin	me Telephone Numb	per
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)	Certific	Filing Fee, cate of Status & ed Copy nal 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



2021/107 12 AM 8: 04

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2021

EDELLO POJOL 30447 DOUBLE DRIVE WESLEY CHAPEL, FL 33545 US

SUBJECT: PUJOL'S MOBILE AUTO DETAILING LLC

Ref. Number: L21000387944

We have received your document for PUJOL'S MOBILE AUTO DETAILING LLC and your check(s) totaling \$. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 321A00026200

Anissa Butler Regulatory Specialist II

www.sunbiz.org

nzed Person(s) authorized to manage, enter the title, name, and address of each person being added ... our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	EDELIO PUJOL	30447 DOUBLE DR	<b>=</b> Add
		WESLEY CHAPEL, FL 33545	□ B
			□ Change
<del></del>			□ Add
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Adding Manager.				
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Effective date, if other than the d	ate of filing:		(optic	onal)
Affective date, if other than the d fan effective date is listed, the date must be Note: If the date inserted in this block in the factor of t	e specific and cannot be price k does not meet the annli	or to date of filing or cable statutory fil-	more than 90 days after	filing.) Pursuant to 605,0207
locument's effective date on the Dep	artment of State's record	s.	mg requirements, this	s date war not be fisted as
record specifies a delayed effective of	late, but not an effective	time, at 12:01 a.m	on the earlier of: (b	) The 90th day after the
d is filed.				
November 08th	14()4			
November 08th  Dated	. 2021	·		
	(A)			
Si	enaure of a member or auth	norized representativ	c of a member	
Ĺ	Edelio Pujol Typedolprin			