## 121000399159

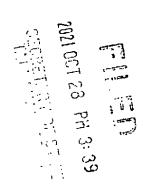
(Requestor's Name)			
(Addı	ress)		
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(City/	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Special Instructions to Filing Officer:			
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
(3.8.18.2.20.1		l' Shine Mobile Detailing, LL	.c ·	•
SUBJE	U1: <u>·      </u>	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
		mendment and fee(s) are subdence concerning this matter	_	
		Shawn Cimorelli		
			Name of Person	
		Cimz Sudz Nº Shine Mobi	le Detailing,LLC	
		<del></del>	Firm/Company	
		6701 Conch Ct.		
			Address	<del></del>
		Boynton Beach, FL 33437		
			City/State and Zip Code	
		cimzsudznshine@gmail.com	n to be used for future annual report	notification)
For furth	er information cor	ncerning this matter, please c	-	iomeanony
Shawn C	Cimorelli		a 845, 240	1-3005
	Name of l	<sup>P</sup> erson	Area Code Day	time Telephone Number
Enclosed	I 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)
	RAUCIEU A ALAIS		6	

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**

F[[ 5] 2021 OCT 28 PH 3: 39

CIMZ SUDZ N' SHINE MOBILE DETAILING, LLC

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

The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000399159</u> .	iny were filed on $\frac{09/08/3}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company." the design	nation "LLC" 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 offic agent and/or the new registered office address here:	e address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
N		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida s	treet address
New Registered Office Address:	Enter Florida s City	rtreet address, Florida Zip Code

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 heing 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	Semiz LLC	6701 Conch Ct. Boynton Beach FL 33437	<b>=</b> Add
			□Remove
			□Change
AMBR	Shawn Cimorelli	6701 Conch Ct. Boynton Beach FL 33437	□Add
			<b>≡</b> Remove
		<del> </del>	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del> </del>		□ Add
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here:	
<u> </u>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	(optional)  date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( le statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time ecord is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 10th 2021  Shawn (A Cim	1 07elli
Signature of a member or authorize	red representative of a member
Shawn Cimorelli	

Typed or printed name of signee