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COVER LETTER

Division of Co	rporations		
TIP OF TH	IE SPEAR AUTO DETAILIN	G	
SUBJECT:	IE SPEAR AUTO DETAILING Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT STEVEN AEH	LE JR	
		Name of Person	
		Firm/Company	
	4131 RECTOR RD		
		Address	<u></u>
	COCOA FL 32926		
	City/State and Zip Code BOBBY.AEHLE@YAHOO.COM		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
ROBERT AEHLE		321 339-9211	-
Nаше с	of Person .	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Sect	tion
Division of (Division of Corn	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

TIP OF THE SPEAR AUTO DETAILING LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000434228</u> .	were filed on OCT 4, 2021	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
TO THE LIMIT DETAILING LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:	4131 RECTOR RD	20
Principal office address MUST BE A STREET ADDRESS)	COCOA, FL, 32926	3
		0
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5.
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the	e name of the new regi
	, Floric	da
	City	Ziv 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□Remove
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			□Remove
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			□Remove
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E. Effective date, if other than t	ne date of filing:
(If an effective date is listed, the date if	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) block does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effected is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUG 2	2024
Dated	
سنستريد	
	Signature of a member or authorized representative of a member
ROBERT STEVEN	NEHLE IR
	Typed at printed name of stones

Filing Fee: \$25.00