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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOFLO Mobile Detailing LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charilys Velusques Name of Person	
Firm/Company	
4137 Storiling Rd Apt 203 Address	
Davic Pl 3334 City/State and Zip Code	
E-mail address: (to be used for future annual report notification	ation)
For further information concerning this matter, please call:	
Name of Person at (957) 770-57/0	Selephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	Section 5 Section 5 Section 5 Section 6 Sectio

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

Street Address:
Registration Section
Division of Corporat

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited I	LL(nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>(2/000465230</u> . This amendment is submitted to amend the following:	were filed on 19/26/252 and assigned
A. If amending name, enter the new name of the limited liab	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "H.C."
Enter new principal offices address, if applicable:	Divic Pl. 33314
(Principal office address MUST BE A STREET ADDRESS)	Divic Pt. 3311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1920 tisesty: / Blod During Beach FL. 33004
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 4/37	St.v.ling Rd Apt 23 Enter Floridu street address Afic , Florida 333/4 City Zip Code
	City

New Registered Agent's Signature, if changing Registered Agent:

P

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

	d from our records:		
R = 1 BR = 1	Manager Authorized Member		
<u>:</u>	Name	Address	Type of Action
P5T	Charilys Velayeur	4131 Sticles Rd Apt 203 De	1.c if 1311 12 Kdd
			Change
			□Add
<u> </u>	Eric Rios passed commy	4111 Shorting Rd Apt 484 Dave	FL. 315 Remove
			□Remove
			□ Change
			🖸 Add
			□Remove
			□Change

Change

□Add

□Remove

Change

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	specifies a delayed day after the re-			it not an e	ffective tim	e, at 12:0)1 a.m. o	n the earl	ier o
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		15	VK						
		Signature of a	member yr	authorized re	presentative of	a member			
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