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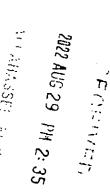
's Name)
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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: SUPLEME CLEAN Name of Limited	Mobile Detail LLC  Liability Company
The enclosed Articles of Amendment and fee(s) are submit	
Please return all correspondence concerning this matter to	the following.
Maurice (	Name of Person
Sufreme (	ean Mobile Detail LLC
	119th Place
Miami/FL	City/State and Zip Code
E-mail address: (to b	2) Og Mail. Com be used for future annual report notification)
For further information concerning this matter, please call:	
Maurice (7, Ne) son	at (305) 650 - 6023  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20227113 29 PIL 3

The Articles of Organization for this Limited Liability Company were filed on November 3, 201 and assigned Florida document number 1, 2, 600, 765, 13.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:
A. If amonding name, ontar the new name of the limited liability company here:
Timeless Rentals LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 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
, Florida

## 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	r	

Title	<u>N</u> ame	Address	Type of Action
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n effectiv <u>te:</u> If th	date, if other than the date of filing:	.0207 ed as
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted	fugust 24 2022.	
	Signature of a member or authorized representative of a member	
	Maurice (7. Nelson Typed or printed name of signee	

Filing Fee: \$25.00