121000509988

(Dag		
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
	_	_
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
,		
Special Instructions to F	iling Officer:	

Office Use Only



500380309825

ent

22 Jr. 30 M. 9: 15

T. MATTHEWS

FEB -8 2022

COVER LETTER

	Registration Se Division of Cor		•	2 t	,
		tive Detailing LLC	·		,
SUBJEC	Т:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		Gerren James			
			Name of Person		
		A+ Automotive Detailing I	LLC		
		Name of Person A+ Automotive Detailing LLC Firm/Company 709 Hendry St Address Immokalee, Fl 34142 City/State and Zip Code aphusautomotivedetailing@gmail.com E-mail address: (to be used for future annual report notification) afformation concerning this matter, please call: Nouglas 703 599-9283 at () Name of Person Area Code Daytime Telephone Number a check for the following amount: Ciling Fee			
		709 Hendry St	S) are submitted for filing. In smatter to the following: Name of Person Detailing LLC Firm/Company Address Address I address: (to be used for future annual report notification) To please call: T03 Area Code Daytime Telephone Number Fee & S555.00 Filing Fee & S60.00 Filing Fee. Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)		
		<u></u>	Address	Name of Person	
		Immobales FI 21117	Address City/State and Zip Code Ing LLC Firm/Company Address City/State and Zip Code Ing Spanil.com ress: (to be used for future annual report notification) ase call: 299-9283 at ()		
		Address Immokalee, Fl 34142 City/State and Zip Code aplusautomotivedetailing@gmail.com E-mail address: (to be used for future annual report notification)			
		aplusautomotivedetailing@	•		
		•	-	port notification)	<u> </u>
For furthe	er information c	oncerning this matter, please co	all:		
Suezette l	L. Douglas		,,,,	9283	
	Name o	f Person		Daytime Teleph	none Number
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
	Mailing Addres				
	Registration S Division of C		_		ons
I	P.O. Box 632	7	The Cent	ire of Tallaha	issee
•	Tallahassee, l	FL 32314	2415 N. i	Monroe Stree	et. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22. 77 77 5: 15

A+ Automotive Detailing LLC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability C)	w appears on our records.) ompany)	
he Articles of Organization for this Limited I	Liability Company were file	d on December 1, 2021	and assigned
orida document number 121000\$09988	·		
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability com	pany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
3. If amending the registered agent and/or		n our records, <u>enter the n</u>	ame of the new regist
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Gerren James		
New Registered Office Address:			
		Enter Florida street address	
		. Florida	
	Cuy		Zip 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.

f 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>	<u>Name</u>	Address	Type of Action
MGR	Cherron James	709 Hendry St	□Add
,		Immokalee, FI 34142	■Remove
			□Change
MGR	Gerren James	709 Hendry St	, Add
		Immokalee, Fl 34142	□Remove
			□Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
	 	<u></u>	□Change
			□Add
			□Remove
			☐Add
			□Remove
			□Change

	 			
			<u> </u>	
			, · · · · · · · · · · · · · · · · · · ·	
			•	
	<u> </u>			
				_
_		-		
				<u>-</u>
fective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b cument's effective date on the I	lock does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not l	to 605,0207 be listed as
ecord specifies a delayed effecti is filed.	ve date, but not an effective ti	me, at 12:01 a.m. on the c	earlier of: (b) The 90th da	y after the
28 December	2021			
Quex	Signature of a member of author	dized representative of a me	mber	
		•		
₹ 1! .				

Filing Fee: \$25.00