# 12200006761

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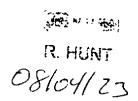
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#### **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp					
SUBJE	ст:А́	Pro Force De	tailing LLC ited Liability Company	<del></del>		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	return all correspon	dence concerning this matter	to the following:			
		<u> </u>	C. Fortenberry	<u> </u>		
		Aero F	orce Detailing LL	<u>.</u> C	er t ព្រះ	
		9693 SW	40th Ter. Address			
		Ocala,	City/State and Zip Code		PM 7: 49	ρ Γ•
		E-mail address: (	Fortenberry @ yahoo to be used for future innual ryport notif	ication)	149 141E	
For furt	her information co	ncerning this matter, please co	all:			
_1	errell C. Name of	Fortenberry Person	at ( <u>912</u> ) <u>3410</u> Area Code Daytime	-2124- Telephone Number		
Enclose	d is a check for the	following amount:				
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Mailing Address: Registration So	ection	Street Address: Registration Sec			
	Division of Co	rporations	Division of Corp	orations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A ero Force Deto (Name of the Limited Liability Comp.	any as it how appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L220000067(90</u> .	,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Shineology Deta  The new name must be distinguishable and contain the words "Limited Liabi	iling LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<i>[-1</i> ]
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-4 PH 7: 49
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	- · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	C. Cl. H.	
		Dany here:  L_LC  y," the designation "LLC" or the abbreviation "L.L.C."
<del>-</del>	City , Florida	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.

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>	<u>Name</u>	Address	Type of Action
		<del> </del>	□ Remove
			□Remove
		<del> </del>	☐Change
			□Add
			S DRemove
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		<del></del>	Remove
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If an eff Note:	ve date, if other than the date of filing:  8/1/2023 (optional extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this datent's effective date on the Department of State's records.	ng.) Pursuant to	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	ı. on the ea	arlier o
Dated	7/31/2023 9:00 PM.		
	Signature of a member or authorized representative of a member		_

Page 3 of 3

Filing Fee: \$25.00