LZZCO0103024

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(Ad	dress)	
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(Do	cument Number)	
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SECHETARY OF STATIONS
DIVISION OF CORPORATIONS
22 APR -8 PM 12: 52

T. MATTHEWS APR 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Louis Mobile Detailing 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:
LOUIS Name of Person
Mobile Defailing Firm/Company
221 SN 2nd Street Apt 1
- Dompano Brach F1 33000 City/State and Zip Code
L Ohis 18ar 15326 Dama. 1. com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luuis C. Jean at (754) 715 1039 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S \$25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee S60

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name of the Limited Liability Co. (A Florida Liability Co.)	Company as it new appears on our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000103024</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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 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
CEO_	Louis C. Jean	2215N 2nd Street Apt 1 pompano beach F1 33	<u>(60</u> ⊡Ádd
			Remove
			□Change
			□Add
			□Remove
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(If an effective Note: If the	te, if other than the date of late is listed, the date must be specif date inserted in this block does effective date on the Departmen	fic and cannot be prior to not meet the applicab	date of filing or more than s le statutory filing require	(optional) (0 days after filing.) Pursuant t ements, this date will not b	o 605.0207 (3 e listed as th
he record spec ord is filed.	ifies a delayed effective date, bu	ut not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
Dated <u>04</u>	-04-22				
		M	min Ava.		
_	Signature	of a member of authoriz	ed representative of a men	her	_