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2022 MAY TO AMITE LI

COVER LETTER

Division of Corp			
subject: <u>South</u>	Florida Premie Name of Limi	er Defailing LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	K	yle H Stocker Name of Person	
	8	outh Florida Premi Firm/Company	er Detailing LLC
	78	40 Sonoma Springs C Address	-IC APT 201
	Lake V	Varth, FL 334h3 City/State and Zip Code	
	E-mail address: (1	Les #22 @ gmail. com	fication)
For further information co	ncerning this matter, please ca	all:	
Vyle H Name of	Stocker Person	at (56) 389 - Area Code Daytime	4692 e Telephone Number
Enclosed is a check for the	e following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Se		Street Address: Registration Sec	ction

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

South Florida Premier	- Detailing LLC	2022 MAY 10 AM 11: 41			
South Florida Premier (Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ity Company)	TALLAHASSEE.FI			
The Articles of Organization for this Limited Liability Company were	e filed on 03/07/20	and assigned			
Florida document number <u>LRA000113657</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company here:				
The new name must be distinguishable and contain the words "Limited Liability Co					
The new name must be distinguishable and contain the words "Limited Liability C	ompany," 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)					
-					
3. If amending the registered agent and/or registered office addr	ress on our records, enter the	e name of the new registered			
gent and/or the new registered office address here:	<u> </u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		da			
	City	Zip Code			
w Registered Agent's Signature, if changing Registered Agent:					
ereby accept the appointment as registered agent and agree to wisions of all statutes relative to the proper and complete per					
visions of all statutes relative to the proper and complete per	joi mance of my unites, and i	am jamulai mitti ana			

rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

npany 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
			□ Add
			□Remove
			□ Change
			□Add
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ffective date, if other an effective date is listed	er than the date I, the date must be sp	of filing:ecific and can	not be prior to d	late of filing or m	ore than 90 days	o ptional) after filing.) P	ursuant to 605.	.020
ote: If the date inser- ocument's effective d	ted in this block do	es not meet	the applicable	e statutory filin	g requirements	s, this date wi	ll not be liste	ed a
	·							
record specifies a dela Lis filed.	ayed effective date	, but not an e	effective time.	, at 12:01 a.m.	on the earlier o	of: (b) The 9	Oth day after	r the
ated	cy 7th		2022					
		1 Cell	Dles	_				
	Signa	ture of a mem	ber or authorize	ed representative	of a member			