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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
subject: <u>() Le</u> [AZ THFUL PROFES	SS ZONAL MOBZ LL ited Liability Company	EDETAILING LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		L. Mincey-Brewe Name of Person	
	Ole Faithful Prai	Firm/Company	kiling LLC
	2845 Forest 1	1/1/s Blod. #10 Address	······
	Coral Springs	Florida 33065 City/State and Zip Code 300 gmail a Com to be used for future annual report noti	fication)
For further information c	concerning this matter, please ea		
Kyle Bress	of Person	at (<u>786</u>) <u>955-</u> Area Code Daytim	5.33 6 e Telephone Number
Enclosed is a check for t	he following amount:		•
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLE FAITHFUL PROFESSIONL MOBILE DETAILING LLO
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 25, 2022 and assigned Florida document number <u>L 22000196304</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OLE FAITHFUL PROFESSIONAL MOBILE DETHILING LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and s block does not t	ed cannot be prior to omeet the applicable			ng.) Pursuant to 60		
the record specifies a delayed effectord is filed.	ctive date, but no	t an effective time	e, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day af	ter the	
Dated July 17	7th	2022			2	ONZE SEP	
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Kyle	Mich.	ae Bye Typed or printed i	ewey	718-		12: 42	