## L22000218290

• (Red	questor's Name)	
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SECRETARY OF STATE TALLAHASSEF FI

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Beet	leluice Detailing	LLC ited Liability Company	
	Nume (// 2/m)	nea manny company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brandon	Qeese William Name of Person	<u>S</u>
	<u>Beetle Ju</u>	ice Detailing L	<u>LC</u>
	4856 1	Dolores ct	
	Brandon Will E-mail address: ()	City/State and Zip Code  City/State and Zip Code  Lams 199707 & Takeo to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Brandon 1	VIII GOVS Person	at (321 ) 987 Area Code Daytime	1376 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	E \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

BeetleJuice Deta (Name of the Limited Liabili (A Florid	ailing LLC		
( <u>Name of the Limited Liabii</u> (A Florid	lity Company as it now appears o la Limited Liability Company)	n our records.)	<del></del>
		02-01-	
The Articles of Organization for this Limited Liability (		June 14, 2022	<u>-</u> and assigned
Florida document number <u>L220002182</u>	<u>90</u>		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here	:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			<u></u>
Enter new mailing address, if applicable:			2022 T
(Mailing address MAY BE A POST OFFICE BOX)			PAR LE
			程 2
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our reco	ords, <u>enter the name o</u>	CSS registered SSTATE
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	i street address	
		101	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Brandon Williams	4856 Dolores ct	<u>U</u> Add
•			□Remove
			☐ Change
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ective date, if ot n effective date is list te: If the date inse nument's effective	led, the date must be erted in this block	specific and cannot does not meet the	e applicable statut	iling or more than 9 tory filing require	(optional) Odays after filing.) ments, this date w	Pursuant to 605.020 rill not be listed a
cord specifies a des	elayed effective da	ne, but not an eff	ective time, at 12:	01 a.m. on the ea	rlier of: (b) The	90th day after the
ed June	14		220			
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