## 122000288404

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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: LUIGIS	Auto Detail Name of Limit	in J LLC cd Liability Company	
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.	
Please return all correspondence			
	Juis CI	Name of Person IIn3	
. <u>F</u>	irm - Mo	bile Detains	Industry 3
	W COCCHI	H OVIVE	· :
_\	ake <u>wor</u>	th F1,3346 City/State and Zip Code	<u> </u>
<u>e</u>	n+1.10159@ E-mail address: (to	9mail , Com o be used for future annual report noti	
For further information concerni	ng this matter, please ca	П:	
LUIS GUIFATTO Name of Person		at ( <u>56.1</u> ) <u>236 -</u> Area Code Daytim	6 1 6 3 e Telephone Number
Enclosed is a check for the follo	wing amount:		
\$25.00 Filing Fee  S	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 Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luigi's Auto Detailing LLC

(A Florida Limited (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2Z000 288404</u>	y were filed on JUNE 27, 7022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," 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:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	.?
	<b>C.</b> 7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the new register
	Florida
	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 addered removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis Guifarro	7 W Coconut Dr. Lake wort FL, 33467	h Wadd
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		<del></del>	□Change
	<del></del>		□Add
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Note	ive date, if other than the date of filing: 07/11/2022 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	t to 605.0207 ( be listed as t
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dilled.	ay after the
Dated	July 21st Zozz.  Luis Guifarro	
	INIS GUIFATTO	
	Signature of a member or authorized representative of a member	<del>_</del>