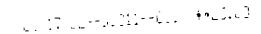
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(Ad	dress)	_
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(Cit	y/State/Zip/Phone	#)
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			-
	Y'S AUTO DETAILING, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEX J WELLS		
		Name of Person	<del></del>
	A'WELSSY'S AUTO DE	TAILING, LLC	
		Firm/Company	<del></del>
	3905 2ND AVE E		
		Address	
	BRADENTON, FL 3420	8	
		City/State and Zip Code	
	awellsysautodetailing@g		
For further information c	e-mail address: (	to be used for future annual report no all:	incation)
Alex J Wells		941 580-7764	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	C L コムス 14	ZHID IN. MIOHU	oc oncer, ounce ore

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A'WELSSY'S AUTO DETAILING		
(Name of the Limite	d Liability Company as it now appears on a A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia		2022 and assigned
Florida document number L22000336328	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
A'WELLSY'S AUTO DETAILING, LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE E	<u></u>	
	•	-
B. If amending the registered agent and/or re		ds, enter the name of the new registe
agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida s	rect address
		, Florida
	City	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 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
		<del> </del>	Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
		<del> </del>	Change
			□Remove
			Change
			□Add
		Remove	
			Change
			□Add
			□ Remove
			□Change

#### Page 2 of 3

If amending any other informs			
			<del></del>
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			<del></del>
<u>-</u>			<del></del>
		<del></del>	<del></del>
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to oblock does not meet the applicable	date of filing or more than 90 day	( <b>optional)</b> s after filing.) Pursuant to 605.0207 (3 s, this date will not be listed as th
he record specifies a delaye The 90th day after the re	d effective date, but not a cord is filed.	an effective time, at 12:	01 a.m. on the earlier of:
Dated August 1	2022		
<u> Alex J. Wells</u>	Signature of a member or authorize	red representative of a member	
Alex J Wells			
	Typed or printed i	name of signee	

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Filing Fee: \$25.00