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COVER LETTER

TO: Registration Solution of Control			
	bile Detailing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jassier Gonzalez-Medel		
		Name of Person	
	Kenzo Mobile Detailing L	L.C	
		Firm/Company	
	5079 N dixie Hwy #253		,
		Address	
	Oakland Park/ FL/ 33309		
		City/State and Zip Code	· .
	jassiergonzalez91@icloud.		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	(Cation)
Jassier Gonzalez-Mede	ı	609 5160676 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 tadditional copy is enclosed)
<u>Mailing Addre</u> Registration Division of (Street Address: Registration Sec Division of Corp	
P.O. Box 63 Tallahassee,		The Centre of To	allahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kenzo Mobile Detailing LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 88-3643745		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Medel Property Management LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	.C" 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:	-4488 Appleton Cir E, Oaklar	ind Park FL, 33309 ¹⁾
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> o	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	, I	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 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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□ Change
			□Remove
			Change
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Rective date, if other than t an effective date is listed, the date r	he date of filing:	to date of filing or more than 90 days after	i onal) r tiling) Pursuant to 605 020
ote: If the date inserted in this	block does not meet the applic	able statutory filing requirements, th	is date will not be listed a
ocument s effective date on the	Department of State's records.		
1 77 11 1 20			
record specifies a delayed effectis filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 21st	2024		
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de 1	ha		
- Am G	Signature of a member or author	orized representative of a member	