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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-790

Phone : (407)552-7903 Fax Number : (407)449-2348

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@CLAUDIALIMATAX.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN USA CAR DETAILING LLC

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K. SALY

AUG - 7 2024

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Help

Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co				
	DETAILING LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CLAUDIA LIMA			
		Name of Person		
	CLAUDIA LIMA TAX &			
		Firm/Company		
	9100 CONROY WINDERMERE RD STE 200 OFFICE 241			
	_	Address		
	WINDERMERE, FL 3475			
	INFO@CLAUDIALIMAT E-mail address: (City/State and Zip Code AX COM to be used for future annual report noti		
For further information of	concerning this matter, please c	all:		
CLAUDIA LIMA	CLAUDIA LIMA 407 552-7903			
Name o	f Person	at ()	e Telephone Number	
Haclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	71 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration :	 -	<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

5/8

2.8.2024

14:54:28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL
2024 AUG
POR AUG-6 AM 3: 47
FLORIO

USA CAR DETAILING LLC

(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 Florida document number 1.22000479565	were filed on 11/08/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ihty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u> <u>—</u> -	
(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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	3
	, Florida	
	Cay	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.

FAX.

② +14074492348 ③ ② ② ② ③ ③ ③ ③ ③ ③ ③ ③ ⑤ ⑤ / / / / / / / / / /	€ 2.8.2024	14:54:58
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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>	Name	Address	Type of Action
AMBR	SUELLEN NEGRISOLI	3420 NW 1ST ST	
		APT 634	≣Remove
		POMPANO BEACH, FL 33069	Ll Change
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