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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CLAUDIA LIMA TAX & ACCOUNTING LLC Account Name

Account Number : I20230000193 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:

2024 SEP 15 Fill2: 33



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

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SEP 17 2024

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### **COVER LETTER**

] **(** 

	ion Section of Corporations		
USA SUBJECT:	CAR DETAILING LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	CLAUDIA LIMA		
	SA CAR DETAILING LLC  Name of Limited Liability Company  tricles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  CLAUDIA LIMA  Name of Person  CLAUDIA LIMA TAX & ACCOUNTING LLC  Firm/Company  9100 CONROY WINDERMERE RD STE 200 OFFICE 241  Address  WINDERMERE, FL 34786  City/State and Zip Code  INFO@CLAUDIALIMATAX.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  IA  at (  Area Code Daytime Telephone Number)  ceck for the following amount:  Ing Fee Status Status Certificat Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)		
	CLAUDIA LIMA TAX	C & ACCOUNTING LLC	
	<del>- 1</del>	Firm/Company	
	9100 CONROY WIND	DERMERE RD STE 200 OFFICE 2	41
		Address	
	WINDERMERE, FL 3	4786	
		City/State and Zip Code	
	• • • • • • • • • • • • • • • • • • •		
	E-mail addre	ss: (to be used for future annual report r	notification)
For further informa	tion concerning this matter, pleas	se call:	
CLAUDIA LIMA			
N.	ame of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F		Certified Copy	Certificate of Status &
	tion Section	Street Address: Registration	Section
Division P.O. Box	of Corporations	Division of C	Corporations f Tallahassee

### $\odot$

**2** 14.9.2024 9:14:22

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

USA CAR DETAILING LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000479565</u> .	npany 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	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 SEP 15
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		<del>-</del>
New Registered Office Address:	Enter Florida street addres	55
	, FI	orida
	Ciņ	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 ① 2 14.9,2024 9:14:42

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
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		POMPANO BEACH, FL 33609	□Remove
			□Change
			□Remove
		<del></del>	Change
			□Add
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in effective date is listed, the date must be ote: If the date inserted in this block				
cument's effective date on the Depa		ore statutory ming requ	naments, that dute white the	
ecord specifies a delayed effective d	ate, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
is filed.				
SEPTEMBER 11TH	2024	•		
ited	1	·		
C. 14 Cle tan Raberta Monterca (Sep. 11, 2024 21:20 E	<del></del>			

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