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## **COVER LETTER**

Division of Corporations			
SUBJECT: B. G. P. Extreme Detailing 11.C., Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:			
Jarvaris L. Carter Name of Person			
B.G.P. Extreme Detailing			
407 lincoln Rd Suite 6H PMB 1493 Address			
MFAMI Beach, Fl 33139  City/State and Zip Code  Jackarls CArtle at Comail. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (186) 694 6942  Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2023 972 27 200
B.G.P Extr	ene Detailing LC PH12:42
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)
	1 1 2 1 1 2 D
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 230000 56 2</u> .2 <u>3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	407 lincoln Rd.
	Suite Int PMB 1493
(Principal office address MUST BE A STREET ADDRESS)	MIAM; Beach Fl. 33139
Enter new mailing address, if applicable:	407 lincoln Rd
(Mailing address MAY BE A POST OFFICE BOX)	Suite 64 PMB 1493
Maining address MAT BE A TOST OFFICE BOX	MiAmil Beach, fl 33139
B. If amending the registered agent and/or registered office a	address on our regards enter the name of the new registered
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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 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 **Type of Action Address Title** Name North Miami Flor, 33161 Tremove MNGR Paul E. ROYA □ Change \_\_\_\_\_ □Add \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Remove □Add □Change bb∧□ □Remove \_\_\_\_\_ Change □Add

\_\_\_\_\_ Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an <b>Not</b> e	ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.
f the rec ecord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ccoru is	September 22,
Date	d 09/22/2023, 2023
	Signature of a member or authorized representative of a member
	1
	Typed or printed name of signee

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