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C/ 1/12/2024

## **COVER LETTER**

TO:	Registration Sec Division of Corp			) (2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
SUBJE	cct: Mobi	le Detailing Name of Lim	OF Tampa Ray Lited Liability Company	LLC
The en	closed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Krishpher	Florio Name of Person	
			Firm/Company	
		1115 Black	Lrush Dn. Address	
		Tarpon Spri	ngs FC 346 Chy/State and Zip Code	.89
		KChius & E-mail address: (	3 (a aul. Com to be used for future annual report not	itication)
For furt	her information con	ncerning this matter, please ca	all:	
Kr	iStopher Name of I	Floria Person	at (727) 642 Area Code Daytin	8769 ne Telephone Number
Enclose	ed is a check for the	following amount:		
<b>≯</b> \$25	5.00 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 Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Se Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 10011 e Detailing	or sampa	say, Lic	<u> 2023 DED 18 /68 9</u> 9
(A Flori	ility Company as it now appea da Limited Liability Company)	rs on øur records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 23000125 77 1</u>	—	3/10/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	ere:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the c	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)	······································	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our r :	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		10.0	·
New Registered Office Address:			
	Enter Flor	ida street address	- <del></del>
<u></u>		Florida	
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

MAGLY

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
AMBR	Kristupher Florio	1115 Blackrush Dr	[ZAdd
President		1115 Blackrush Dr Tarpon Springs, Fi	□Remove
		34689	□Change
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e recore	d 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 ed.
	December 14 2023
	- December 1 1 . Doos
	December 14 2023  Signature of a member or authorized representative of a member

Typed or printed name of signee