L23000 38259

(Requestor's Name)		
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DOWN TO EVERY DETAIL				
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Richard	Romorche V Name of Person		
	Down	To Every Detain	<u>``</u>	
	1511 Fentor	Address		
		City/State and Zip Code		
	F-mail address: (1	Aromony (Neu O ac	ol·Com ification)	
For further information c	oncerning this matter, please ca	H:		
Bichard Ro Name o	MONChev Person	at (<u>347)</u> <u>794-</u> Area Code Daytim	8460 e Telephone Number	
Enclosed is a check for the	ne following amount:			
X \$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 (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	
Registration S Division of C		Division of Co		
P.O. Box 632		The Centre of T	Гallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOWN TO E	IERY DETAIL
	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L23000 £38 25</u>	Company were filed on March 17th 2023 and assigned 99.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	ited liability company here:
The new name must be distinguishable and contain the words "Li	nited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADL</u>	<u>(ESS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or register agent and/or the new registered office address here	d office address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	zφ 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 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		
AMDD -	A 4 la		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Richard Romanycheu	1511 Fenton Dr Ddray Beach	≯ ∧dd
-		FL 33445	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 🗆 Add
			🗆 Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated April 13th Signature of a member or authorized representative of a member

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