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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Premium Mobile Detailing Services LLC 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:
Brando Perez Name of Person
Premium Mobile Detailing Services LLC Firm/Company
6311 SW 18th St Address
Miami, FL 33155 City/State and Zip Code
700 RB rando @ Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Branclo Perez at (786) - 247 - 3486 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premium Mobile Detailing Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited (A	<u>Liability Company as it now appears on our records.</u>) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on April 17 th 202	3 and assigned	
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of the Big Body Rentals L	e limited liability company here: _i_C_ ls "Limited Liability Company," the designation "L.I.C" or the abb		_
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regi	istered office address on our records, <u>enter the name</u>	of the new registe	- - ered
agent and/or the new registered office address l			
Name of New Registered Agent: New Registered Office Address:		2021	-
New Registered (Title Todaless).	Enter Florida street address Florida	SEP	7-7
	City	Zip Code	-; -;
New Registered Agent's Signature, if changing Reg	zistered Agent:	3	```
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agr and complete performance of my duties, and I am for ered agent as provided for in Chapter 605, F.S. Or, gistered office address, I hereby confirm that the lin lange.	amiliar with and if this document is	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
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Note: If the c	e, if other than the date on the is listed, the date must be speate inserted in this block do fective date on the Department.	es not meet the applicab	le statutory filing requ	(optional) m 90 days after filing.) Pur tirements, this date will	suant to 605.0207 not be listed as
d is filed.	ies a delayed effective date.			earlier of: (b) The 90	th day after the
Dated	September	8th 2023			
	Signati	ure of a member or authoriz	ed representative of a n	emb er	

Filing Fee: \$25.00