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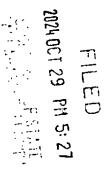
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10/29/24--01025--020 **25.00



TO: Registration S Division of Co					
	MOBILE DETAILING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	DREW WARTHEN				
		Name of Person	<u> </u>		
	THE LAB MOBILE DET.	AILING LLC			
		Firm/Company			
	1111 N 34TH ST #407				
		Address			
	TAMPA, FL 33605				
		City/State and Zip Code			
	SHG@SPENCERGOLDEN	NLAW.COM to be used for future annual report	notification)		
For further information	concerning this matter, please of	·	notification		
SPENCER GOLDEN		954 610-8100)		
Name	of Person	Area Code Day	rtime Telephone Number		
Enclosed is a check for	the following amount:				
■ \$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)		
<u>Mailing Addre</u> Registration		<u>Street Address</u> Registration			
Division of 0	Corporations	Division of 0	Corporations		
P.O. Box 63	<i>L1</i>	The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2024 OCT 29 PM 5: 26

THE LAB MOBILE DETAILING LLC

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

The Articles of Organization for this Limited Liabilit	ty Company were filed on 08/08/2023	and assigned
Florida document number 1.23000372438		
This amendment is submitted to amend the following	y.	
A. If amending name, enter the new name of the	limited liability company here:	
TAMPA BAY TOY LAB LLC		
The new name must be distinguishable and contain the words	Limited 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 AL	ODRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the new registered
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	····
_	, Fl	o rida
New Registered Agent's Signature, if changing Regist	·	,
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent and agree to act in this capacity. I fund complete performance of my duties, and agent as provided for in Chapter 605, tered office address, I hereby confirm th	nd I am familiar with and : F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed fro	om our records:		
MGR = Man			
<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

□Change

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Signature of a member or authorized representative of a member		CTOBER 25			2025	·				
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Filing Fee: \$25.00