

10/9/23, 5:39 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : THORPE'S CONSULTING SYSTEMS, INC.

Account Number : 120050000069

Phone : (407)352-8514

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EDETTE'S SPOTLESS FINISH LLC

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

OCT 10 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEDTTE'S SPOTLESS FINISH 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 Liability Company were filed on 09-07-2023 and assigned
Florida document number L23000419083

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDEITE LONGIN	6852 KNIGHTSWOOD DR ORLANDO FL 32818	☒ Add
			☐ Remove
			☐ Change
AMBR	ROSE MARIE LUBIN	14561 WINTER STAY DR	☒ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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