

9/17/24, 3:03 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**L24000316958**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC
Account Number : I20230000193
Phone : (407)552-7903
Fax Number : (407)449-2348

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2024 SEP 18 PM 3:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXCARE AUTO DETAILING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY**SEP 19 2024**[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXCARE AUTO DETAILING 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:

CLAUDIA LIMA

Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC

Firm/Company

9100 CONROY WINDERMERE RD STE 200 OFFICE 241

Address

WINDERMERE, FL 34786

City/State and Zip Code

INFO@CLAUDIALIMATAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA LIMA

407

5527903

at (_____) _____

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUXCARE AUTO DETAILING LLC

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

FILED
2024 SEP 18 AM 4:14
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/18/2024 and assigned Florida document number L24000036958.

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:

2985 BOSQUE AVE APT 313

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

2985 BOQUE AVE APT 313

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 34746

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:

AUGUSTO VALADARES NUNES

New Registered Office Address:

2985 BOSQUE AVE APT 313

Enter Florida street address

KISSIMMEE

City

Florida 34746

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.

Augusto Valadares Nunes

Augusto Valadares Nunes (Sep 17, 2024 20:15 (DT))

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	GABRIEL OLIVEIRA VELOSO	5913 MAUSSER DR APT 2A	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUGUSTO VALADARES NUNE	2985 BOSQUE AVE APT 313	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SEP 18 2024
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FULL NAME OF THE MEMBER CHANGING IS: LAST NAME: VALADARES NUNES

FIRST NAME: AUGUSTO

FILED
2024 SEP 18 11:11:14
RECEIVED
FILING OFFICE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 SEPTEMBER 17TH, 2024Augusto Valadares Nunes
Augusto Valadares Nunes (Sep 17, 2024 10:15 EDT)

Signature of a member or authorized representative of a member

AUGUSTO VALADARES NUNES

Typed or printed name of signee