## L24000097571

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## **COVER LETTER**

TO: Registration Section

Divi	sion of Corp	porations			
	Optimus Mo	obile Auto Detailing LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of a	Amendment and fec(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Mauricio Corona			
			Name of Person		
Optimus Mobile Auto Detailing LLC					
			Firm/Company		
		137 SW Pinnacle Glen			
			Address		* • 2
		Lake City, FL 32024			
			City/State and Zip Code	· · ·	(D
		maucoronaiba96@gmail.co	m to be used for future annual report notifi	cation)	274
For further in	formation co	oncerning this matter, please c		STATE	∴ (C)
Mauricio Cor	гопа		386 8675066 at ( )	1.1	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Society Certified Copy (additional copy is	Status &
Reg Div	ling Address gistration S ision of C b. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations	
	lahassee, F			Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optimus Mobile Auto Detailing LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our re ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/26/2024	and assigned
Florida document number L24000097571		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Optimus Mobile Detailing, LLC		
he new name must be distinguishable and contain the words "Limited Li	ability 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)	)	
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Enter new mailing address, if applicable:		ن .
· · ·		<b>(3</b>
Mailing address MAY BE A POST OFFICE BOX)		inia = ;
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N 16 12 Al 2 A 1 A 1/2 Al A 1/2 A 1/		•
<ol><li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li></ol>	re address on our records, <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	City	, Florida Zip Code
Non-Desirated Assessed Assessed States and Desirated Assessed	City	mp conc

## 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>	Name	Address	Type of Action
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			□Remove
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ective date, if other than the date of filin effective date is listed, the date must be specific an e: If the date inserted in this block does not ument's effective date on the Department of	meet the applicable					
cord specifies a delayed effective date, but no sfiled.	ot an effective time,	at 12:01 a.m. on	the earlier of: (b	) The S	90th da	y after th
ed March 2nd	2024					
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