624000190617

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,
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COVER LETTER

TO:

	Registration Sec Division of Corp			
eunire	keys mobile	e detailing llc		
SUBJEC	·I:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		David Fertel		
			Name of Person	
		keys mobile detailing Ilc		
			Firm/Company	
		120 sands lane		
			Address	***
		layton florida 33001		
			City/State and Zip Code	
		davefertel@gmail.com		
			to be used for future annual report notification	(no
For furth	er information co	oncerning this matter, please c	ail:	
David F	ertel		561 254 -0469 at ()	· · · · · · · · · · · · · · · · · · ·
	Name of	f Person		ephone Number
Enclosed	is a check for th	ne 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 Addres Registration S		Street Address: Registration Section	1
	Division of C		Division of Corpora	
	P.O. Box 632	7	The Centre of Talla	
	Tallahassee, I	FL 32314	2415 N. Monroe Sti	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

keys mobile detailing IIc		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ited Liability Company)	<u>ords.</u>)
he Articles of Organization for this Limited Liability Comp	any were filed on 04/23/2024	and assigned
lorida document number 1.24000190617		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited 1	.iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
)
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, I
		<u> </u>
		<u>. ()</u>
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip Coxle

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>	Type of Action
mgr	David Fertel	120 sands lane layton florida 33001	
			□ Remove
			□ Add
			□ Remove
			□Change
			Add
			Remove
			Fig. 23 Add
			Remove
			Change
			□Add
			□Add
			Change

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	<u> </u>
	, ⁽¹⁾ co
ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutor	
ament's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01	I a.m. on the earlier of: (b) The 90th day after
filed.	
- 1 1	
7071	
ed 5/2/ 2024	Veiles

ETT - E--- 635 M