

L24/00024157C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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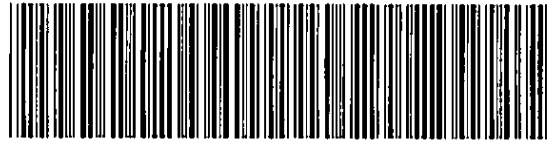
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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06/21/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Majestic 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:

Karla M. Solo
Name of Person

Firm/Company

1061 Landstar Park Dr Apt. 307
Address

Orlando FL 32824
City/State and Zip Code

majesticautodetailing@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla M. Solo at (863) 944-4089
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL
DIVISION OF STATE

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**

Majestic Auto 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 Liability Company were filed on 5/24/24 and assigned Florida document number 124000241572

This amendment is submitted to amend the following:

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

Majestic Auto Detailing 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 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>
MGR	Karla M Soto	1061 Landstar Park	<input type="checkbox"/> Add
		Dr. Apt. 307	<input checked="" type="checkbox"/> Remove
		Orlando FL 32824	<input type="checkbox"/> Change
AMBR	Karla M. Soto	1061 Landstar Park	<input checked="" type="checkbox"/> Add
		Dr. Apt. 307	<input type="checkbox"/> Remove
		Orlando FL 32824	<input type="checkbox"/> Change
MGR	Eduan C. Soto	1061 Landstar Park	<input checked="" type="checkbox"/> Add
		Dr. Apt. 307	<input type="checkbox"/> Remove
		Orlando FL 32824	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA
DEPARTMENT OF
REVENUE
TAMPA, FL 33604
PH: 813-236-3333
FAX: 813-236-3334

700 21 PM 4:33
DEPT OF STATE
EMBASSY, FL.

2004 2:04 PM 4:33
UNIT OF STATE
PASSAGE, FL.

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.

Dated 4/13, 2024

Karla M. Soto
Typed or printed name of signee