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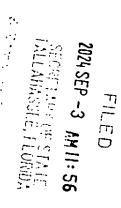
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Special Instructions to F	ılıng Officer:	





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COVER LETTER

TO: Registration Division of	n Section Corporations		
	PETAIL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	ALVARO GUILLEMOT		
		Name of Person	
	A.G. DETAIL, LLC		
		Firm/Company	
	5838 COLLINS AVE. #81	3	
		Address	
	MIAMI BEACH, FL 3314	0	
		City/State and Zip Code	
	ALVAROGUILLEMOT@:	ICLOUD.COM to be used for future annual report noti	(fication)
For further informati	on concerning this matter, please c	•	,
ALVARO GUILLE	MOT	949 287-9712	
Na	me of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25,00 Filing Fe	e S30.00 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 Ad		Street Address:	votion
_	on Section of Corporations	Registration Se Division of Co	
P.O. Box		The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.G. DETAIL, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{L24000369686}{L24000369686}$.	pany were filed on 08/22/2024	and assigned
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 ADDRES	<u></u>	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Tice address on our records, <u>enter</u> t	SECRETION OF STATE Of the name of the name of the new register.
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	E1.	orida
	, P10	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MAXIMO GUTIERREZ	1030 JEFFERSON AVE - MIAMI BEACH, FL 3313	9 _ ≣ Add
			_ □Remove
			_ Change
			□ Add
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ffective date, if other the an effective date is listed, the dote: If the date inserted in ocument's effective date or	this block does not i	meet the applicab	date of filing or mode statutory filing	(opti ore than 90 days after g requirements, thi	onal) filing.) Pursuant to 605. s date will not be liste	.0207 (ed as t
	effective date, but no	t an effective tim	e, at 12:01 a.m. (on the earlier of: (b	o) The 90th day after	· the
Lis filed.						
		2024	alvaro	giville mot		
Lis filed.	Signature of a	2024	Q VOIO	gistle mot		