L25000350537

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COVER LETTER

TO:

ΓΟ: Registration Se Division of Co		-	
	uto Detail LLČ	,	
SUBJECT: <u> </u>		ited Liability Company	
The employed Amielog of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
icase return an correspo	sidence concerning this matter	to the lonowing.	
	Andrea Hollingsworth		
		Name of Person	
	Viglione Accounting Corp		
	-	Firm/Company	
	7061 S Tamiami trl Suite 1	.04	
		Address	
	Sarasota, FL 34231		
	aviglione@me.com	City/State and Zip Code	
		to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	
Andrea Hollingsworth		941 465-7867	
Name o	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)	f Status &
Mailing Addre Registration Division of O P.O. Box 633	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shaddai Auto Detail LLC		2025 SEP 16 11 7: 36
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.)</u> /: 36
The Articles of Organization for this Limited Liability Florida document number L25000350537	Company were filed on <u>07-30-2025</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new register
agent and of the new registered since was the	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	T.S.
	, FI	orida
	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>	Type of Action
MGR	Cristian M Gallardo Rivera	15324 Blue Fish Cir	= Add
		Lakewood Ranch, FL 34202	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
		<u></u>	□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

Effective date, if other than the date of filling: [(If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in his 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. 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 cord is filed. Dated September 12th 2025 Signature of a member or alphorized representative of a member Russell J Larios Ramirez		
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Signature of a member or authorized representative of a member	5	September 12th 2025
	Dated	
Russell J Larios Ramirez		Signature of a member or/aluthorized representative of a member
		Russell J Larios Ramirez

Filing Fee: \$25.00