L2500009044

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Red	questor's Name)	
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Office Use Only



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2025 JAN 17 PH 1: 14 SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Who B De-	CLimited Liability Company
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this ma	
Blake 1	DOAd Name of Person
who B	Detailina LLC Firm/Company
8168 Pa	goda DC. Address
Spring Hi	11 FL 34606 City/State and Zip Code
E-mail addr For further information concerning this matter, plea	ess: (to be used for Juture annual report notification)
Blake Det H	at (352) 549 - 1174 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Who B Detaili	ng, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000090</u> 44	were filed on 1635	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		7 PP 1997
(Mailing address MAY BE A POST OFFICE BOX)		0.55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	(address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
New Registered Agent's Signature, if changing Registered Agents	City	7цр Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

company has been notified in writing of this change.

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

Title MGR	Name	Address	Type of Action
Sole Dwiner	BlakeDodd	8/168 Pagoda Dr. Spring Hill 31	1606 Add
			□Remove
			□Change
4MBR	Tara Gambino	828 Wooden Dr. Spring Hill 3	4606 ZAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
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an eff lote:	ive date, if other than the date of filing:
recor Lis fil	d 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 led.
ated	January 13th 2025.
	Elde Del
	Signature of a member or authorized representative of a member
	,