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FILED 2911 001 16 P 2: 52

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Blue Wafer Express Wash, 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:
Earl May Name of Person
Name of Person
Blue Water Car Wash
1607 Village Sq. Blvd., Svite 8
City/State and Zip Code  Cav May O Valoo, Com  E-mail address: (to be used for future annyal report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eavl May at (850) 515. 7952  Area Code Daytime Telephone Number = 11
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

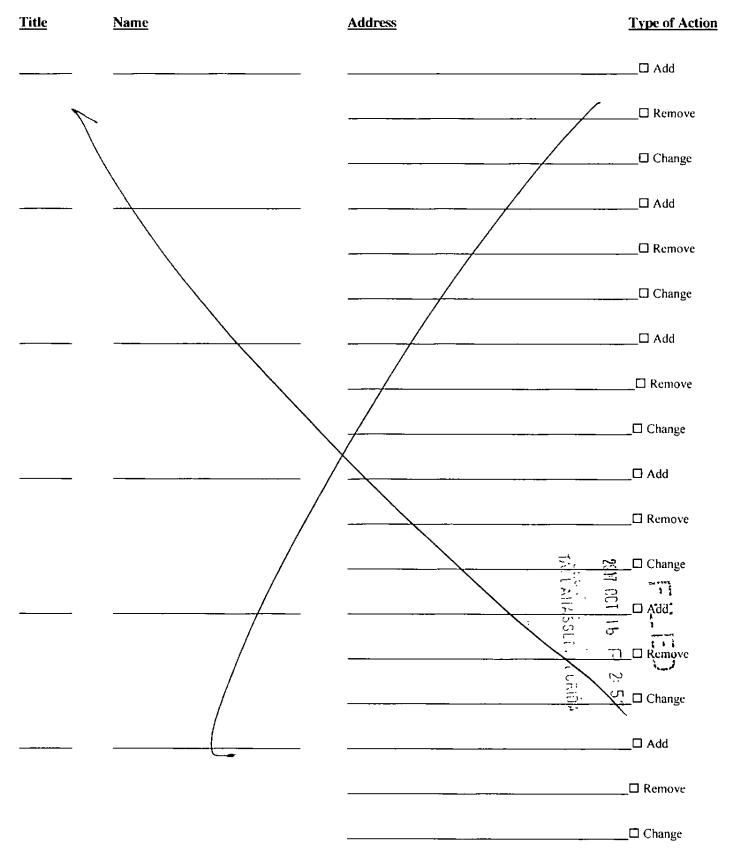
BIVE Water Exp	ress Wash, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>LO 40000 26 199</u>	vere filed on April 7, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability was for Car W	95h, LLC
The new name must be distinguishable and contain the words "Limited Liability	y 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 here:	
Name of New Registered Agent:  New Registered Office Address:	THE PLANT OF THE PROPERTY OF T
	Enter Florida street address Florida City Zip,Code
New Registered Agent's Signature, if changing Registered Agent:	÷ 0
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member •



Freetive date, if other than the date of filing:  (optional)  (opt		
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Filing Fee: \$25.00