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(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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SECRETARY OF STATE
OIVISION OF CORPORATIONS

'JUL' 9 2013

T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp		. 2	, ,
SUBJECT: FAY	2Th Can W Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	<u> </u>	A. Javer Fer Name of Person	relren
	<u> </u>	tn (ar wasn, Ll Firm/Company	- C ·
	1730	DNW.68MA Address	re. unit roy
		Niam/FL 330 City/State and/Zip Code	15
	S Tavio	obe used for future annual report notification	n ion)
For further information co	ncerning this matter, please ca	ali:	
SOA7 Name of	a Taviar form	786) 469- 92 Area Code & Daytime Te	23 Elephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 c -1h

(Name of the Limited Li	iability Company as it now appears or	our records
(A F	lorida Limited Liability Company)	tour records.
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on <u>06/</u> 2919: 72	and assigned 3 SECRET
This amendment is submitted to amend the follow	ving:	FILT OF CO
A. If amending name, enter the new name of the	he limited liability company here:	A SOF
Plane + Earth Wash The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abble viation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		·····
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:		
	Enter 1	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Keliove
			Remove
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			Remove
			[] Remove

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	Sy Ay	
	Signature of a member or authorized represent	tative of a member
	Sofia A. Tavier	Ferrela

Page 3 of 3

Filing Fee: \$25.00