## L17000 158867

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## COVER LETTER .

TO: Registration Se Division of Cor		***	
SUBJECT: _ E	1 Car Wash	8 Street, LL ted Liability Company	<u> </u>
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ge M. Vibic t	£sa.
	<u>J</u>	Firm/Company	P.A.
	283	S Catulonia (	Ivenue and Fr.
	Cor	Al 6AbHs ft 3 City/State and Zip Code	3134
	E-mailaddress (t	o be used to future annual report notificat	
	oncerning this matter, please ca		12. C3.
Name of	ge M. Vigil	at ( <b>305</b> ) 476-	7100 Elephone Number 717 5
	_	·	
Enclosed is a check for th	ne 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 Free, Certificate of Status & Certified Copy

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil) (A Florid	lash	8 3	Stre	et	, L	ر د		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company a Limited Lia	as it now bility Con	npany)	s on our r	ecords.)			
The Articles of Organization for this Limited Liability Florida document number		ere filed	on	11-12	-13		ınd assi	igned
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the li	<u>mited liabili</u>	ty compa	any her	<u>e</u> :				
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited	l Liability	Compa	ny," the de	signation	"LLC"	or the al	bbreviation
Enter new principal offices address, if applicable:					_			
(Principal office address MUST BE A STREET ADI	ORESS)							
		<del></del>			•		12	
						- <u>-                                  </u>	120; (20)	
Enter new mailing address, if applicable:						<del></del> _		**
(Mailing address MAY BE A POST OFFICE BOX)						45	<u>း</u> သ	•
				_			70	
	•							101-24
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered offic	e addre	ss on o	ur record	ds, <u>ente</u>	(T) (T)	ame of	f the new
	The state of the s					350		
Name of New Registered Agent:		·						
New Registered Office Address:			Fni	er Florida	etraat a	ddvaec		
			2711	c. i wiida	e sireei u	uu css		
	<del> </del>	City		, I	Florida <sub>-</sub>		n Coda	
		(10)				Zi	al ada	

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 = Managing Member <u>Title</u> <u>Address</u> **Type of Action** Mgr Loli Consulting dre. 231 NW 42 Avenue Add
Miami R 33124 Remove mg/ Jolyse Holdingsuc 331 NW42 trenve Add

Mianife 33126 Remove Mgr Lorenzo Waces Jr 231 NW 42 the Add Mianife 33126 Remove

Mg. Arnaldo Valdes 231 NW 42 Ave Add. Miumi R 33/26 Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
•	
-	
-	
Dated	Dec 2 , 2013/11/
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

P\$ 0EC -3 Fit 1:55