L14000065034

(Requestor's Name)	
(Address)	·
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lennons DEC 1. 6 2014

COVER LETTER

TO: Registration Section **Division of Corporations**

∕IP 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:

SANTIAGO LOZADA

Name of Person

VIP WASH LLC

Firm/Company

8310 NW 10TH STREET

Address

PEMBROKE PINES FL 33024

City/State and Zip Code

SAN LOZADA11@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO LOZADA

at (Marea Code) 865-6718

Daytime Telephone Number

Name of Person

Enclosed is a check for the 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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP 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 we Florida document number L14000065034		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty 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:		the name of the new
Name of New Registered Agent:		SEC.
New Registered Office Address:		HASS
-	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Cods 5
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	e to act in this capacity. I further ag erformance of my duties, and I am	Fee to comply with the familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** 8310 NW 10TH STREET **MGRM** CAROLINA KAZMIERCZAK PEMBROKE PINES, FL 33024 _□ Add ☐ Remove ☐ Remove ☐ Add □ Remove. □ Add _□ Remove

D.	If amendi	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
		• •				
						
						
*	The effective	e date, if other than the date of filing:(o) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 dates document is filed by the Florida Department of State)	otional) ys after			
	Dated	DECEMBER 8 2014				
		Coul land				
		Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·			
		CAROLINA ⁽ KAZMIERCZAK				
		Typed or printed name of signee				

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Filing Fee: \$25.00

SECRETARY OF STALL
TALLAHASSEE, FLORIO