## L150000 16700

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Ñar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: ProntoV	Vash, LLC.		
SOBSECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Scott W. Wyler		
		Name of Person	
	ProntoWash, LLC.		
		Firm/Company	
	511 West Bay Stree	et, Suite 350	
	<del></del>	Address	
	Tampa, FL 33606		
	<del>u.</del>	City/State and Zip Code	
	swyler@achilles-cap		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Scott Wyler		716 870-3266	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

ProntoWash, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 28 January 2015 and assigned Florida document number L15000016700 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 605, 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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	Blue Marble Strategic, LLC	503 East Jackson Street	Add
		Suite 127	□ Remove
		Tampa, FL 33602	
MGR	Blue Marble Strategic Group, LLC	503 East Jackson Street	□ Add
		Suite 127	■ Remove
		Tampa, FL 33602	
			□ Add
	•	<del></del>	Remove
			☐ Add
			Remove BB 20 AH
			Remove
	9-944-1-1-1480-		□ Add
			Remove

		-
as "Blue Marble Strateg	ic, LLC."	
		• • •
<del></del>		<del></del>
effective date must be specific, cannot h	e prior to date of receipt or filed date and cannot	(optional) ot be more than 90 days after
e effective date must be specific, cannot he date this document is filed by the Florid	e prior to date of receipt or filed date and cannot	
e date this document is filed by the Florid	pe prior to date of receipt or filed date and cannot a Department of State)	

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Filing Fee: \$25.00

