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(Req	juestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division (of Corporations	
SUBJECT:	Abel's Mobile Wash LLC- Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	prrespondence concerning this matter to the following:	
	Abel Bonet Name of Person	
	Abel Bonet Name of Person Abel's Mobile Wash UC- Firm/Company	
	75375 Sw 179 pl. lot 770	
	MONGSTUATO M. 33032	
	E-mail address: (to be used for futury annual report notification)	
For further informa	ation concerning this matter, please call:	
Abel	Name of Person at (784) 175 3456 Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
\$25.00 Filing 1	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Abeli Mo	bile Wash	ll <u>(</u> ·	
(<u>Name of the Limited</u> (A	Liability Company as it nov Florida Limited Liability Co	<u>v appears on our records</u> mpany)	<u>i.</u>)
The Articles of Organization for this Limited Liab	ility Company were filed	i on	and assigned
Florida document number	·		
This amendment is submitted to amend the follow	ing:		
A If amending name, enter the new name of the	ne limited liability comp	oany here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Compar	y," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
	·····	-	TIL CREIAR AHASS
Enter new mailing address, if applicable:			m _o n u
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		TE B
			ORDA
B. If amending the registered agent and/or registered agent and/or the new registered office	4.	ress on our records	, enter the name of the nev
Name of New Registered Agent:	Abel 6	bonet_	
New Registered Office Address:	25325 SW	129 pl - Let	720
	HOMES TEA		orida <u>3303</u> Z
	City	, , 2 20	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 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.

If Changing Registered Agent, Schattere of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MUPL	Abel Bonet	25375 Sw 129 pl. #77 Honestead, A. 33032	M □ Add
		Honestead, M. 33032	Remove
			Change
			D Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
MIGHTER FILLED ONLINE & MY	
MAME APPEARS ON ME RECORDS AS	
- ABEL (A) BONET - I DO NOT	
HAVE A MIDDLE NAME + I DO NOT	
KNOW HOW THE A GOT THERE + IF	
THERE IS ANY WAY THAT THAT CAN	
BE FIXED + MY MONEY RESUNDED	
1 WOULD GREATLY APPRECIATE IT IF	
NOT THERES NOTHING I CAM DO + 1	
MANK YOU FOR YOUR TIME-	
1 RÉCEIVED A CHECK + HAVE TO OPEN A	
BANK ACCT. BUT MY NAME ON THE SUNBI	12
RECORDS DOES NOT MATCH MY 1.D. SO 1	
CANNOT CASH. PLEASE HELP.	
Effective date, if other than the date of filing:	/207 (3) I as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated Sub 17 SEE, FL	FILED
Abe Bone L	ر
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00