530932

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Address) | | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Amend

DEC - 2 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATE | ON: KARW | nsh Inc l | DBA. JACARCUASh | |
|--|---|--|--|--|
| DOCUMENT NUMBER: | 530 | 932 | (4.) | |
| The enclosed Articles of Art | nendment and fee are su | ibmitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| | Kan wash 7171 LE Jaeksonvi | City/ State and Zip Code | GAX CONVASL | |
| For further information concerning this matter, please call: | | | | |
| MTCHAEL KAMMUTC at (904) 451-2462 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| 2 \$35 Filing Fee | 1\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing A | Address | Street | Address | |

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

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



December 1, 2016

MICHAEL KAMINOWITZ KAR WASH INC 7171 LEM TURNER CIRCLE JACKSONVILLE, FL 32208

SUBJECT: KAR WASH, INC.

Ref. Number: 530932

We have received your document for KAR WASH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 616A00025599

Articles of Amendment

to

Articles of Incorporation

| L of | • | | | |
|--|---|--|--|--|
| RAN WASH FOR DBA. JA | x Con cu184 | | | |
| (Name of Corporation as currently filed with the Florida Dept. of State) | | | | |
| 530932 | | | | |
| (Document Number of Corporation (if k | nown) | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of section 607.1006, Florida Statutes, this confinement of the provisions of the provision of the pro | prporation adopts the following amendment(s) to its Articles of | | | |
| A. If amending name, enter the new name of the corporation: | | | | |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P. | ". A professional corporation name must contain the | | | |
| | | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 7171 LEM WRIVER CIEVE JACKSONVILLE PL 32208 | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | WINDER -2 PH 2:50 | | | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | s in Florida, enter the name of the | | | |
| Name of New Registered Agent MICHAEL 7171 LE on Tun. (Florida stre | kaminuwiR_ | | | |
| MILE on Ture | VEN C. No (E_ | | | |
| New Registered Office Address: JACKSONU. 918 (City) | C.L., Florida 32208 (Zip Code) | | | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Agent | | | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | PT John Doe | |
|-------------------------------|--------------------------|--|
| X Remove | Y Mike Jones | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | Address |
| 1) Change | D 142/E, James | 7171 LEM TURNEL C.ACE Tyckson: 112 F1. 72208 |
| Add | | Incloson.112 Fl. |
| Remove | | 722.08 |
| 2) Change | | • |
| Add | | |
| Remove | | |
| 3) Change | | |
| Add | | |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| 5) Change | <u> </u> | |
| Add | | |
| Rеточе | | |
| 6) Change | | |
| Add | | |
| Remove | • | |

| The date of each amendment(s) adoption: | , if other than th |
|---|-----------------------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | ent(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s). | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. | holder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. | e r |
| Dated 12-2-2016 | |
| Signature M. Kamenary | |
| (By a director, president or other officer - if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or othe | been r court |
| appointed fiduciary by that fiduciary) | . • • • • • • |
| Michael Kaminowitz | |
| (Typed or printed name of person signing) | |
| <u> </u> | |
| (Title of person signing) | |