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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE DOLPHIN CAR WASH OF ENGLEWOOD, L.L.C.

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## **COVER LETTER**

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SUBJECT:	BLUE DOL	PHIN CAR WASH OF ENG	LEWOOD, L.L.C.	
SOBJECT.		Name of Lin	iited Liability Company	<del></del>
The enclosed	d Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
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		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address; (	to be used for future annual repo	जर १६४४ विद्यास्त्रा
For further is	nformation co	oncerning this matter, please c	all;	
LOVETTE	DOBSON		at () Area Code1	888-462-3453
	Name of	Person	Area Code I	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		
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Reg Div P.C	). Box 632	ection orporations 7	The Centre	on Section f Corporations 2 of Tallahassee
1 31	llahassee, F	1, 24314		Ionroe Street, Suite 810 e, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLUE DOLPHIN CAR WASH OF ENGLEWOOD, L.L.C.

(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  $\frac{10/30/2002}{10/30/2002}$ and assigned Florida document number L02000028877 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BDCWE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 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 firther 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, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

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