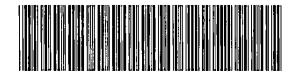
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Blue Wafer Express Wash 2, Name of Limited Liability Company	LC					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Earl May Name of Person						
Mue Water Car W	256					
1607 Village Sque B/	Jol, Suk 8					
Tallahassee FC 3.	2307					
E-mail address: (to be used for future annual report notif	ication)					
For further information concerning this matter, please call:						
Name of Person at (\$50) SY Area Code Daytime	5-7952 Telephone Number					
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Scrifficate of Status Stat	□ \$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

DIVE WATER E	YPICES WASH 2, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO40008284</u> ./	were filed on Movember 16, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain 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)	16 PH 3: 36
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Plorida street address
	, Florida
	City Zip Code
Now Designated Assetts Cinematers (6 through 10 statement 4 through	

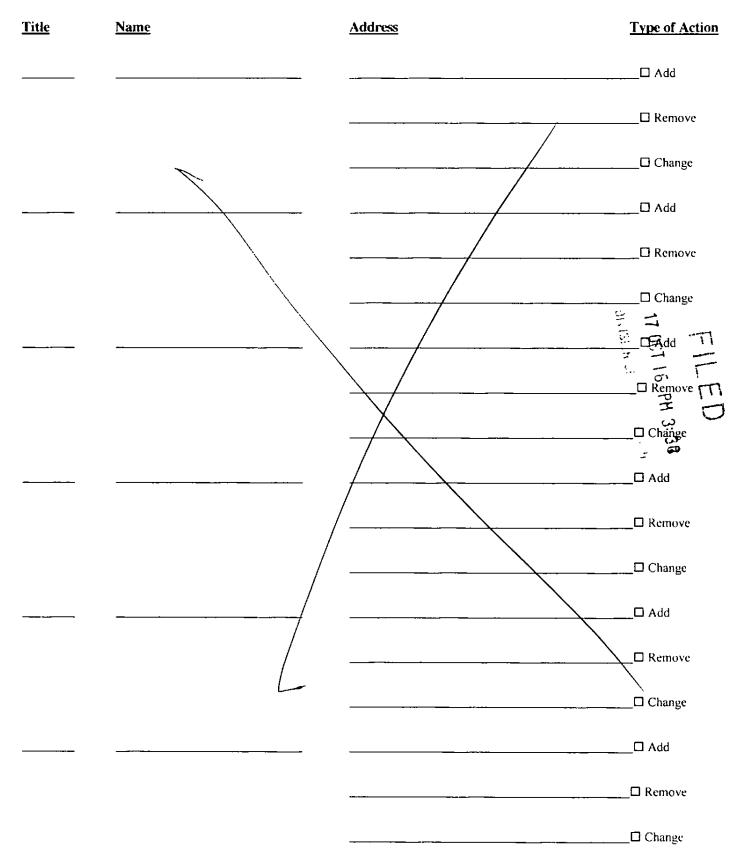
New Registered Agent's Signature, if changing Registered Agent:

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, 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>

MGR = Manager AMBR = Authorized Member



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Effective date, if (If an effective date is Note: If the date i document's effecti	listed, the date manual in this l	ust be specific and olock does not me	cannot be prior to eet the applicab	date of filing or mo le statutory filing	(optic re than 90 days after requirements, this	HIAI) .	.0207 (3)(b
the record speci) The 90th day	fies a delaye after the re	ed effective da cord is filed.	ate, but not	an effective ti	me, at 12:01 a	ı.m. on the earli	er of:
Dated OC+	ober	11	2017	-· 1			
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		Signature of a m	ember or authori	zed representative of	f a member		
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Filing Fee: \$25.00