

L05000014057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/30 Name change

L05-14057

Office Use Only



000048746080

MJH

03/30/05--01013--001 \*\*25.00

0510230 PM 3:26

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Car Spa Merick Park, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Shomar  
(Name of Person)

Shomar Accounting, PA.  
(Firm/Company)

7777 NW 146th ST.  
(Address)

Miami Lakes, FL 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Shomar at (305) 825-1123  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**THE CAR SPA MERICK PARK, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on **FEBRUARY 10, 2005** and assigned document number **L05000014057**.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

**ARTICLE 1 HAS BEEN AMENDED AS FOLLOWS:  
THE NEW NAME WILL READ AS FOLLOWS:  
THE CAR SPA MERRICK PARK, LLC**

Dated **MARCH 24TH**, \_\_\_\_\_, **2005**.



Signature of a member or authorized representative of a member

**JOSEPH SHOMAR**

Typed or printed name of signee

05 MAR 30 PM 3:26

Filing Fee: \$25.00