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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blue Water Express Wash 3, 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:
Earl May Name of Person
Mue Water Car Wash Firm/Company
1607 Village Squae Blul, Svite 8
Tallahassee, FL 3230? City/State and Zip Code,
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) SYT-7952 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Blue Water E	YMES Wash	3, LLC
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LO 6 0000 56</u> /		2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	986 3 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)		- 10 - - 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
registered agent and/or the new registered office address n	ere:	
Name of New Registered Agent:		5)
New Registered Office Address:	Enter Florida street address	<u>.</u>
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

New Registered Agent's Signature, it 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 or removed	g Authorized Person(s) authori from our records:	zed to manage, enter the title, name, a	nd address of each person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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fective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more the lift the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Purs		
cord specifies a delayed effective date, but not an effective time e 90th day after the record is filed.	, at 12:01 a.m. on t	ne earl	ier of
October 11 . 2017.			
5 Dilland			
Signature of a member or authorized representative of a			

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Filing Fee: \$25.00