L08000056809

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

C. LEWIS

JUL 1 2 2012

EXAMINER

COYER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Davis Island Car Wash 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:
Ryan Toster Name of Person
Davis Island Car Wash LLC Firm/Company
5218 Olinstead Bay PL
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 Name of Person Area Code & Daytime Telephone Number
/ 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 Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 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

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12 JUL 11 PM 12: 56

SECRETARY OF STATE

Davis Islan	2 Car Wash	SECRETARY OF STATE ON OUR TECORDS.) SECRETARY OF STATE ON OUR TECORDS.)
(Name of the Limited Liabili (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L0900056</u>	Company were filed on \(\sum_{\infty} \subseteq \text{SOA}\)	eath 2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Charles Pro The new name must be distinguishable and end with the w "L.L.C."	perfies LLC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Citv	, Florida Zip Code

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

ì

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name Address ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00