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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLEAN WASH, LLC

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| ro: | Registration Se Division of Cor | | | | |
| SUBJE | Clear | n Wash, LLC | | | |
| SUBJE | | | ted Liability Company | | |
| | | | | | |
| The en | clused Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please | return all correspo | ndence concerning this matter t | to the following: | • | |
| | | | | | |
| | | | Name of Person | · | |
| | | OT Compared | | | |
| | | CT Corporat | | | |
| | | 4000 0 | Finn/Company | | |
| | | 1200 South | | nd Road | |
| | | | Address | | |
| | | Plantation, F | florida 33 | 324 | |
| | | AD@makatravalor | City/State and Zip C | Code | |
| | | AP@maketravelea | a SIOL, COTTI to be used for future an | nual report notificat | ion) |
| For fur | ther information c | oncerning this matter, please or | all; | | |
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| | | ſ Person | at (at Code | Daytime To | leplione Number |
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| | Registr | ING ADDRESS: ation Section of Corporations | Regi | EET/COURIER stration Section | · |

P.O. Bux 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tollahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Clean Wash, LLC | I I fability Company so It sow and | | | |
|---|---|-----------------------------------|-------------|-----------------------|
| (Association of the Comment | l Liability Company as it now app A Florida Limited Liability Compan | y) | | |
| The Articles of Organization for this Limited Lia Florida document number L09000033584 | bility Company were filed on | 04/07/2009 | _ and ass | igned |
| This amendment is submitted to amend the follow | ving: | | | • |
| A. If amending name, enter the new name of | the limited Hability company | here: | | |
| | | | | |
| The new name must be distinguishable and end with the w | ords "Limited Linbility Company," | the designation "LLC" or the abbr | eviation "L | .Ec |
| Enter new principal offices address, if applica | ble: | _ | | 11S15 0.33S |
| (Principal office address MUST BE A STREET | 'ADDRESS) | | 9 | AT FIRE |
| | | | | |
| | | | 70 | |
| Enter new mailing address, if applicable: | | | | (m) (c) |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | ហ | 14 <u>7.</u> 11.7- |
| | — —- | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered off | r registered office address ice address here: | on our records, enter the | e pame | of the new |
| Name of New Registered Agent: | CT Corporation Sys | stem | ···· | |
| New Registered Office Address: | 1200 South Pine Isl | and Road | | |
| | Enter | Florida street address | | |
| | Plantation | , Florida <u>333</u> | 24 | |
| | City | | Zip Code | |
| New Registered Agent's Signature, if changing R. | esistered 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, Stenature of New Registered Avent

Pogo 1 of 3 Jordan Brown,

Page 1 of 3

Assistant Secretary

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

| MGR = M AMBR = A | anager uthorized Member | | |
|---------------------|----------------------------|---------|---------------------------------------|
| Title | Name | Address | Type of Action |
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| D, | if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ₹. | Effective date, if other than the date of filing: |
| | The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) |
| | Dated |
| | Signature of a member of authorized epresentative of a member |

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