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COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT.

Smart Car Wash Express, 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:



Name of Person

Torres & Vadillo LLP

Firm/Company

11402 NW 41st Street, Suite 202

Address

Miami, FI 33178

City/State and Zip Code

mjvadillo@torresvadillollp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel J. Vadilo

,,305,4**85-970**0

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)

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

Smart Car Wash Express, LLC		
(Name of the Limited Liah (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number L1000091587	ity Company were filed on 8/31/2010	and assigned.
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable	:	lesignation "LLC" or the abbreviation
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		rds, enter the name of the new
Name of New Registered Agent:		***************************************
New Registered Office Address:	79.	
	Enter Floric	da street address
_	City	Florida Zip Code

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Armando Gil MGRM 472 NORTHEAST 167TH STREET NORTH MIAMI BEACH, FL 33162 Horacio Para **MGRM** 472 NORTHEAST 167TH STREET NORTH MIAMI BEACH, FL 33162 Armando Gil 472 NORTHEAST 167TH STREET MGR NORTH MIAMI BEACH, FL 33162 Remove Horacio Parra **MGR** 472 NORTHEAST 167TH STREET NORTH MIAMI BEACH, FL 33162 Remove Remove

	ing any other informs	tion, enter change(s) here: (Attach additi	ional sheets, if necessary.)		
_				_	
Dated May	y 16th	, 2013	>		
	Armando Gil	nature of a member or authorized representati	ve of a member		13 MAY 23
		Typed or printed name of signee		77-1	N
		Page 3 of 3		1388 7.6	Stantant.
		Filing Fee: \$25.00		SF SUNIDA	PH 4:29