L10000091587

3/3/2017 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000060321 3)))

H170000603213ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : F & S PROJECTS CORP
Account Number : I20120000041
Phone : (954)482-9681
Fax Number : (954)482-8696

FILED
2017 MAR -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: contact@fandsprojects.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMART CAR WASH EXPRESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

2017 MAR -9 PM 1:40
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY
MAR 10 2017

(H17000060321 3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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:

RAFAEL FERRER
Name of Person

F&S PROJECTS CORP
Firm/Company

1920 N COMMERCE PARKWAY, STE. 1920-3
Address

WESTON, FL. 33326
City/State and Zip Code

CONTACT@FANDSPROJECTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL FERRER at (954) 482.9681
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

(H17000060321 3)

FILED
2017 MAR -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SMART CAR WASH EXPRESS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/31/2010 and assigned Florida document number L10000091587.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *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 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

(H17000060321 3)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	INSTITUTO UNIVERSITARIO D	AV. CASANOVA. C.C. CEDIAZ.	☐ Add
		CARACAS, VENEZUELA	■ Remove
			☐ Change
MGRM	GIL, ARMANDO	2684 MAEDOWOOD DR.	■ Add
		WESTON, FL. 33332	☐ Remove
			☐ Change
MGRM	PARRA. HORACIO	15112 SW 37th STREET.	■ Add
		DAVIE, FL. 33331	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2017 MAR -9 AM 10: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H17000060321 3)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2017 MAR -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(5) The 90th day after the record is filed.

Dated MARCH 3rd 2017

Signature of a member or authorized representative of a member

ARMANDO GIL

Typed or printed name of signer