## L11000063070

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B. BOSTICK 'JUN 2 1 2011 **EXAMINER** 

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	STOP WAS	SH AND GO L.L.C.		
SUBJECT.	·	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	DUC	HATELLIER, EMMAN	UEL	_
		Name of Person		
	STOP WASH AND GO L.L.C. Firm/Company			
		1620 SW 97TH TER		
	******	Address		-
	PEMB	ROKE PINES FL 3302	25 US	
	***************************************	City/State and Zip Code		-
	Sto	pwashandgo@live.cor to be used for future annual repo	n	11 SE
For further information	concerning this matter, please	•	At Hollineactory	JUN 20
DUCHATE	ELLIER, EMMANUEL	at ( 305 )	746-8000	(1) == == (1)
Name	of Person		Daytime Telephone Numbe	
Enclosed is a check for	the following amount:			A
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifie	ate of Status &
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ASH AND GO L.L.		
( <u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	05/31/2011	and assigned
Florida document numberL11000063070	<del></del> •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		<u> </u>
		) 1	
Enter new mailing address, if applicable:			0 1
(Mailing address MAY BE A POST OFFICE BOX)			ME E
			52 5
			29 RIE RIE RIE RIE RIE RIE RIE RIE RIE RIE
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter</u>	he name of the nev
regionered agent analyst the new regions of control in			
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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Emmanuel Duchatellier	1620 sw 97th ter Pembroke Pines, FL 33025	Add ☐ Remove
<u>MGRM</u>	Jean St. Hubert	12855 SW 135 TER MIAMI, FL 33186	
<del>****</del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
		nange(s) here: (Attach additional sheets, if necess	
<u> </u>	as: 45-2485041		
			11 JUN 20 SELAHASS
Dated	Wednesday, June 15	2011 1/ // // // // // // // // // // // // /	AM IO: 30
	E	mber or authorized representative of a member  Emmanuei Duchatellier  yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00