

L1000071025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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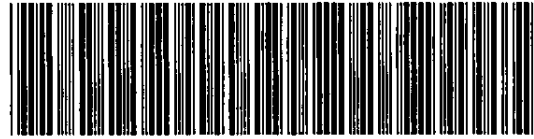
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 01 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobile 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:

Kenneth Chapman
Name of Person

Mobile Car Wash LLC
Firm/Company

12157 W Linebaugh #428
Address

Tampa FL 33626
City/State and Zip Code

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

For further information concerning this matter, please call:

Kenneth Chapman at (813) 325 5362
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Mobile Car Wash 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 6/17/2011 and assigned
Florida document number L11000071025

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 end with 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)

12157 W Linebaugh Ave
Suite 428
TAMPA, FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12157 W Linebaugh Ave
Suite 428
Tampa FL 33626

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:

Kenneth Chapman

New Registered Office Address:

12157 W Linebaugh Ave #428

Enter Florida street address

Tampa

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.

Kenneth Chapman

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 of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Leslie	6318 Zeno Cir Port Charlotte, FL 33981	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mark Leslie	6318 Zeno Cir Port Charlotte, FL 33981	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kenneth Chapman	12157 W Linebaugh Ave Suite 428 Tampa, FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kelly M. Clark	12157 W Linebaugh Ave Suite 428 Tampa FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 5/28/12

12 MAY 31 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Kenneth Chapman
Signature of a member or authorized representative of a member

Kenneth Chapman
Typed or printed name of signer