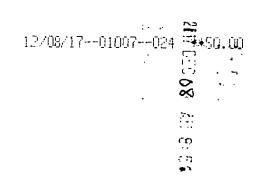
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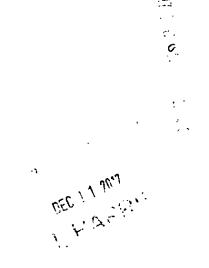
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————(Add	ress)	
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(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Dac	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	<u>-</u>
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Office Use Only

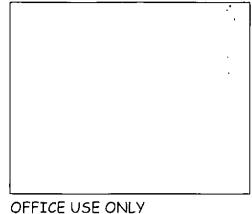


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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)524.4381



OFFICE USE ON

WALK-IN

ENTITY NAME:

PALM BEACH SMART CAR WASH, LLC

CH# 7822 FOR \$50.00 (\$25.00 for this filing)

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH SMART CAR WASH, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/25/2012	and assigned
Florida document number L12000096069		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Ş <u>Na</u>
Principal office address MUST BE A STREET ADDRESS)		- 17
Trincipal office dataress in OST BE A STRUCK ADDRESS		
		<u> </u>
		න :
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		
		· (a
		<u>. </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , F lot lda _	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BEATRIZ MORRISON	2620 WESTON RD.	
		WESTON, FL. 33331	■ Remove
			☐ Change
MGR	MAURICIO MENESES	2620 WESTON RD.	
		WESTON, FL 33331	■ Remove
			☐ Change
			Add
			Remove
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fective date, if other than the date on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be price does not meet the appli	or to date of filing or m cable statutory filing	(option: ore than 90 days after file g requirements, this day	ing.) Pursuant	to 605.02 e listed :
record specifies a delayed ef The 90th day after the record	ffective date, but n	ot an effective t	ime, at 12:01 a.r		
the John day after the record	, io modi			! -	2117
DECEMBER 08	2017			· ·	<u> </u>
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518	gradure of a member of as-				65

Page 3 of 3

Filing Fee: \$25.00