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COVER LETTER

Division of Co					
Miami Aut	o Spa Hand Car Wash Partners				
	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter				
	(i) (i) (i)				
	Shawn Galicie				
		Name of Person			
	Miami Auto Spa Hand Car	r wash Partners, Ile			
		Firm/Company			
	561 SW 8th street				
Address					
	Miami, FL 33130				
	 	City/State and Zip Code			
	shawn@miamiautospa.com				
	E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please ca	all:			
Shawn Galicie		312 544-9790 at ()			
Name c	of Person	at () Area Code Daytime Telephone Number			
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)			
Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assec, 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

2017 AUG 10 PM 3: 19

JALLAHANSSEE, FLORID;

Miami Auto Spa hand Car wash Partners, Ilc

(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 I	Liability Company were filed on	02/08/2013 and assigned		
Florida document number 1.13000022404				
This amendment is submitted to amend the fol	lowing:			
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," th	ne designation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
	<u>-</u>			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u></u>			
registered agent and/or the new registered (on our records, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address: 561 SW 8th street				
	Enter Florida street address			
	Miami	, Florida 33130		
	City	Zip Code		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shawn Galicic	561 SW 8th street Miami FL 33130	■ Add
			□ Remove
			☐ Change
MGR	Mike Flickinger	561 SW 8th street Miami FL 33130	
	•		■ Remove
			Change
			20 May Con
			PROPERTY OF AND Remove
			Change
			☐ Remove
			Change
			Add
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fective date, if other than the da	e of filing:			(optional)	
fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be	prior to date of fi	ling or more than 90	days after filing.) P	ursuant to 605,020
ocument's effective date on the Depa			ory ming requirem	ems, mis date wi	ir not be fisted a
record specifies a delayed el The 90th day after the record		it not an effe	ctive time, at 1	l2:01 a.m. or	the earlier o
ated August 09	2017				
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Page 3 of 3

Filing Fee: \$25.00