

L130000042368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

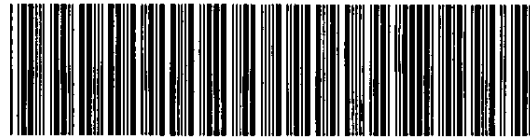
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/21/14--01013--013 \*\*30.00

EFFECTIVE DATE

9-1-14

RECORDS SECTION  
FALLAHASSEE, FLORIDA

14 SEP - 1 PM 1:45

FILED

SEP - 8 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bay Splash (New Name: Bay Detailing Hand car Wash & mobile car wash)  
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:

Sabina Fonseca  
Name of Person

Bay Detailing Hand car Wash & mobile car wash  
Firm/Company

12748 State Rd. 535  
Address

Orlando FL 32836  
City/State and Zip Code

S.Fonseca@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mahendra Budhan at (908) 432-2034  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2014

SABINA FONSECA  
12478 STATE RD 535  
ORLANDO, FL 32836

SUBJECT: BAY SPLASH HAND CAR WASH LLC  
Ref. Number: L13000042368

We have received your document for BAY SPLASH HAND CAR WASH LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

You must indicate the type of action for your managers on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 114A00015996



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2014

SABINA FONSECA  
323 PLUMWOOD CIR  
KISSIMMEE, FL 34743

2ND ML

SUBJECT: BAY SPLASH HAND CAR WASH LLC  
Ref. Number: L13000042368

We have received your document for BAY SPLASH HAND CAR WASH LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 114A00015996

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
14 SEP - 1 PM 1:45  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Bay Splash Hand 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 Feb. 4, 2013 and assigned Florida document number L13000042308

This amendment is submitted to amend the following:

EFFECTIVE DATE  
9-1-14

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

Bay Detailing Hand Car Wash & Mobile Car Wash LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

12748 St. Rd 535  
Orlando, FL 32830

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

312 Plumwood Cir  
KISS, FL 34743

**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

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR MRS.	Sabina Fonseca	323 Plumwood Cir. KISS. FL 34743	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Mahendra Budhan	312 Plumwood Cir KISS. FL 34743	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Alex Budhan	312 Plumwood Cir KISSIMMEE FL 3474	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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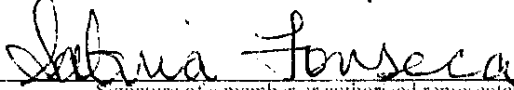
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E. Effective date, if other than the date of filing: September 1, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 1, 2014.



Signature of a member or authorized representative of a member

Sabina Fonseca

Typed or printed name of signee