Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000040242 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ŧ	С	:	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EL CAR WASH HIALEAH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

T. CLINE FEB - 5 2019

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

El Car Wash Hialeah, LLC ( <u>Name of the <b>Limit</b></u>	ed Liability Compa (A Florida Limited I.	ny as it now appears on our recor ability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited L Florida document number <u>L13000135321</u>				igned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liah	ility company here:		
The new name must be distinguishable and contain the s	vords "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.	L.C.",
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		El Car Wash Hialcah, LLC		
		1270 W 49th Street		<u> </u>
Trineipa office address research		Hialcah, FL 33012		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		El Car Wash Hiateah, LLC	<b>2019 F</b>	*****
		5201 SW 8th Street	>= E	:
		Coral Gables, Florida 33134		[
B. If amending the registered agent and registered agent and/or the new registered of	/or registered o ffice address her	ffice address on our recor	rds, enter did name	of the inex
Name of New Registered Agent:	Justin Landau			
New Registered Office Address:	5201 SW 8th S	Вітееч		
new negative office (Marien).		Enter Florida strest ada	ress	
	Coral Gables		Florida 33134	
		City	Zip Cock	

## 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>	Name	<u>Address</u>	Type of Action
MGR	Lorenzo Luaces, Jr.	12170 SW 8 Street	
·····			Add
		Miami, FL 33184	
			Remove
			Change
MGR	Amaldo Valdez	12170 SW 8 Street	
			bbA □
		Miami, FL 33184	
			Remove
			Change
MGR	Justin Landau	5201 SW 8th Street	
			■ Add
		Coral Gables, FL 33134	
			☐ Remove
			- Change
MGR	Geoffrey Karas	5201 SW 8th Street	2619
			<u> </u>
		Coral Gables, FL 33134	105
			— □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			FIS Manage
			He Change
AMBR	ECW Operating, LLC	5201 SW Sth Street	D.T. <b>£</b>
			Add
		Coral Gables, FL 33134	<b></b>
			☐ Remove
		<del></del>	☐ Change
			<b>5</b>
<del></del>			
			(m) 10
			□ Remove
			Change

			,	
				*****
				<u>.</u>
			<del></del>	
				<del>-</del>
ective date, if other than the	date of filing:		(optional)	
ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b	st be specific and cannot be prior	to date of filing or more the	nan 90 days after tiling.) Pu	rsuant to 605.02 I not be listed
ument's effective date on the I	epartment of State's records		,	
			_	. <b>.</b>
record specifies a delaye he 90th day after the rec	d effective date, but no ord is filed.	ot an effective time	i, at 12:01 a.m. or	tpe ea
ne sour day area the rec			HAS	23. E8
rebruary t	2019		35.5	£ 1
			ر اند ن را	<b>4</b>
ι _				
10	Signature of a member or auth	anized representative of a	member	· <del>**</del> · <del>**</del>

Page 3 of 3

Filing Fee: \$25.00