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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 7 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wash Me of South Florida

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:

Ashley Michelle Cook

Name of Person

Wash Me of South Florida

Firm/Company

109 Wettaw Ln. Apt 107

Address

North Palm Beach, FL 33408

City/State and Zip Code

washmedetailing@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley M. Cook

Name of Person

at ( 561 ) 670-8481

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

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WASH ME OF SOUTH FLORIDA LLC

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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>                   |
|--------------|--------------------|----------------------------|-----------------------------------------|
| MGR          | Lauren J. Daniello | 109 Wettaw Ln. Apt 107     | <input checked="" type="checkbox"/> Add |
|              |                    | North Palm Beach, FL 33408 | <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         |
|              |                    |                            | <input type="checkbox"/> Add            |
|              |                    |                            | <input type="checkbox"/> Remove         |
|              |                    |                            | <input type="checkbox"/> Add            |
|              |                    |                            | <input type="checkbox"/> Remove         |

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

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Dated October 31, 2013



Signature of a member or authorized representative of a member

Ashley Michelle Cook

Typed or printed name of signee

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Filing Fee: \$25.00

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