

From: Daniel Hicks P.A.

352) 351-8054

08/15/2014 16:51

#443 P.001/004

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DANIEL HICKS, P.A.  
Account Number : 075061003325  
Phone : (352) 351-3353  
Fax Number : (352) 351-8054

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

Email Address: waclose2@danieldhickspa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
441 CAR WASH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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14 AUG 15 2014  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

441 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 JUNE 17, 2014 and assigned  
Florida document number L14000097219.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

815 S. Pine AvenueOcala, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 SE 73rd LoopOcala, FL 34480

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**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

(((H14000193335 3)))

From: Daniel Hicks P.A

3523518054

08/15/2014 16:52

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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	DANIEL HICKS	421 S. PINE AVENUE	<input type="checkbox"/> Add
		OCALA, FL 34471	<input checked="" type="checkbox"/> Remove
MGR	DIGVIJAY GAEKWAD	815 S. PINE AVENUE	<input checked="" type="checkbox"/> Add
		OCALA, FL 34471	<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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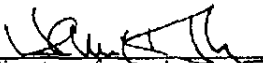
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(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 August 15, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Daniel Hicks, as Manager

\_\_\_\_\_  
Typed or printed name of signee

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