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SECRETARY OF STATE

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COVER LETTER

	Registration Sec Division of Corp			
CHDIEC		Car Wash, LLC		
SUBJEC	1;	Name of Limi	ted Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter t	to the following:	
		Ruth K. McDonald		
			Name of Person	
		Hathaway & Reynolds. P.A	Α.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		50 A1A North, Suite 108		
		·	Address	
		Ponte Vedra Beach, FL 326	Mane of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: th K. McDonald Name of Person thaway & Reynolds. P.A. Firm/Company A1A North, Suite 108 Address ate Vedra Beach, FL 32082 City/State and Zip Code medonald@pvtitle.com E-mail address: (to be used for future annual report notification) ng this matter, please call: at (404) Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed)	
			City/State and Zip Code	
				
	Lem Turner Car Wash, LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Ruth K. McDonald Name of Person Hathaway & Reynolds. P.A. Firm/Company 50 A1A North, Suite 108 Address Ponte Vedra Beach, FL 32082 City/State and Zip Code ruth.medonald@pvtitle.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: McDonald 904 280-5575 at (McDonald Daytime Telephone Number d is a check for the following amount: .00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status			
For further	er information co	oncerning this matter, please ca	dl:	
Ruth K.	McDonald		at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

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

Lem Turner Car Wash, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ontitled Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{07/02/2}{}$	014 and assigned
Florida document number L14000105790		
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 contain the words "Limited !	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	

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, 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

Page 1 of 3

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
AMBR	Koch Properties Corp.	142 Woodland Greens Drive	
		Ponte Vedra Beach, FL 32081	□ Remove
		 	☐ Change
MGRM	Colin W. Sheen	1 Broad Street #18E	Add
		Stamford, CT 06901	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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