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K. SALY EXAMINER NOV 2 4 2015

COVER LETTER

TO: Registratio Division of	n Section Corporations
CAR W	ASH PROPERTIES, LLC
Jobject.	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Michael L. Elion, Esq.
	Name of Person
	Mart Management, LLC
	Firm/Company
	2090 Palm Beach Lakes Blvd., STE 701
	Address
	West Palm Beach, FL 33409
	City/State and Zip Code
	m.elion@martmanagement.com E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Michael L. Elion, Es	at ()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check f	for the following amount:
■ \$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is unclosed)

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

FILED
2015 NOV 23 PM 4:31
TALLAHASSEE, FLORIDA

Car Wash Properties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

07/22/2014

The Articles of Organization for this Limited Liability	y Company were filed on 07/25/2014	and assigned
Florida document number L14000116206		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
101 SW 27th Ave, LLC		
The new name must be distinguishable and contain the words "l	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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
registered agent and/or the new registered office a	udi ess nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Floric	da 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED 2015 NOV 23 PM 4: 31 MGR = Manager AMBR = Authorized Member Type of Action **Title** <u>Name</u> **Address** □ Add □ Remove _ Change _ 🗆 Add _□ Remove ____ Change _□ Add □ Remove _□ Change □ Add _□ Remove _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change

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ective	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
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cument	's effective date on the Department of State's records.
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	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ted /	Vovember 19 2015
	My Signature of a member or authorized representative of a member of that ber
	Manager + Maker
	organistic of a member of authorized representative of a member
	MICHAEL L. ELION Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00