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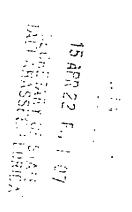
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COVER LETTER

10:	Registration Se Division of Cor		:				
SUBJE	Sweetwa	ater Express Car Wash	LLC				
SUBJE	C1,	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Alan Schneider					
Name of Person							
Sweetwater Express Car Wash LLC							
Firm/Company							
7659 Majorca Place							
	Orlando, FL 32819						
City/State and Zip Code							
alan@sweetwatercw.com							
		E-mail address: (to be used for future annual report notifi	ication)			
For furth	ner information c	oncerning this matter, please c	all:				
Alan S	Schneider		917 747-4100				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweetwater Express 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 February 3, 2015 and assigned Florida document number <u>L1</u>5000020863 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = Managér

AMBR = Authorized Member Title Address **Type of Action** Name MGR Edward O'Hanrahan, Jr 7659 Majorca Place, Orlando FL 32819 **■** Add ☐ Remove ☐ Add ☐ Remove _□ Add ☐ Remove .__ □ Add̀ Remove _□ Remove □ Add ☐ Remove

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Effective date, if o	ther than the date of filing	te of receipt or filed date and can	(optional) not be more than 90 days after
	is filed by the Florida Departmen		
the date this document		nt of State)	
the date this document	is filed by the Florida Departmen		
the date this document	is filed by the Florida Department.	nt of State)	tive of a member
the date this document	is filed by the Florida Department.	ant of State) $\frac{2015}{2015}$	tive of a member

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