## 116000047637

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## **COVER LETTER**

Sky Tech Automotive LLC SUBJECT: 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: Jocsan O Santiago Nieves Name of Person Firm/Company 2451 peace circle Address kissimmee fl 34758 City/State and Zip Code kaizensoftwashservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jocsan O. Santiago Nieves Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**MAILING ADDRESS:** 

. TO: .. Registration Section

**Division of Corporations** 

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

Sky Tech Automotive LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recordering control of the control of th	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>L16000047637</u>	ty Company were filed on 03/08/2016	and assigned
This amendment is submitted to amend the following	<b>y</b> '	
A. If amending name, enter the new name of the	limited liability company here:	
Kaizen SoftWash Services, LLC		
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC	" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		T T
(Principal office address MUST BE A STREET AL	ODRESS)	250 19 Pm
Enter new mailing address, if applicable:		P + 36
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office a	9	s, enter the name of the new
Name of New Registered Agent:		100000000000000000000000000000000000000
New Registered Office Address:	Enter Florida street addres:	S
	Fiz	orida
<del>-</del>		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:

MGR = Manager

AMBR = Authorized Member **Type of Action Address** <u>Title</u> **Name** \_□ Add □ Remove ☐ Change □ Add \_□ Remove \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_ Change \_□ Add ☐ Remove \_□ Cĥange □ Remove ☐ Change

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			E, FLORI	OF STA	
	Jocsan O. Santiago Nieves	Typed or printed name of signee	25 25 20	JUHI 28 RETARY	grantes
	Agen O Salas La Signature o	f a member or authorized representati	ve of a member		<del></del>
_				: 20 ::	
Dated _		·			
	90th day after the record is file		time, at 12.01	a.iii. 011	are corner o
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