

L16000086355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

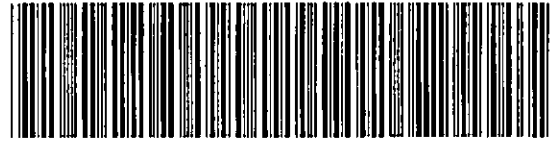
(Business Entity Name)

(Document Number)

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2020 JAN 27 AM 7:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

O SIMMONS

FEB 20 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **HONEST WASH LLC**

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:

JOSEPH PLESHER

Name of Person

DIPYOURCAR.COM

Firm/Company

2103 PARK CENTRAL BLVD NORTH

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

FONZIE@DIPYOURCAR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH PLESHER

954

610.0448

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

HONEST WASH LLC

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

FILED
2020 JAN 27 4 17:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 02, 2016 and assigned
Florida document number L16000086355.

This amendment is submitted to amend the following:

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

FIRST RATE MARINE CARE, 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:

(Principal office address MUST BE A STREET ADDRESS)

2103 PARK CENTRAL BLVD NORTH

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2103 PARK CENTRAL BLVD NORTH

POMPANO BEACH, FL 33064

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:

2103 PARK CENTRAL BLVD NORTH

Enter Florida street address

POMPANO BEACH

City

Florida 33064

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
2020 JAN 27 AM 7:30
RECEIVED
TALLAHASSEE FL
STATE

N/A

FILED
2020 JAN 27 AM 7:30
SECOND DISTRICT
STATE OF CALIFORNIA
CLERK

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 16 2020


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00