

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000313779140

05/29/18--01045--004 **30.00

Lielian

COVER LETTER

то:	Registration Se Division of Cor			
cub u		WASH, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	_
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		TAREK F HANNA		
			Name of Person	
			Firm/Company	_
		7633 S Dixie Hwy		
		Address		
		WEST PALM BEACH,FL		
		City/State and Zip Code		
		tarekgabra@hotmail.com		. 3
		E-mail address: (to be used for future annual report notification)	_
For fur	ther information c	oncerning this matter, please ca	all:	•
TARE	K F HANNA		305 502-8281	
	Name o	f Person	Area Code Daytime Telephone Nutt	iber
				σi.
Enclose	ed is a check for the	he following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & icd Copy onal 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

T& A COIN 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 09/12/2016 _____ and assigned Florida document number L16000170203 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 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 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>	Address	Type of Action
MGR	NANCY S HENAWY	7633 S Dixie Hwy	= Add
		WEST PALM BEACH, FL 33405	☐ Remove
			☐ Change
MGR	AMGAD G FAHIM	7633 S Dixie Hwy	
		WEST PALM BEACH, FL 33405	🖃 Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			∵.Change
			☐ Remove
			Change
			□ Remove
			☐ Change

17. 11.41	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an o <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>5-22-18</u>
	(May)
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00