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COVER LETTER

Division of Corporations
SUBJECT: QUICK HOME CARWASH 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:
Martin R Vidal Name of Person
Quick Home Carwash LLC Firm/Company
16412 NW 15th Street Address
Pembroke Pines/FL 33078 City/State and Zip Code earthworm savi @gmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Martin R Vidal at (954) 790-7760 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of S

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on Novem	er, 14, 2016 and assigned
Florida document number <u>L 16000 2 08 1 35</u> .	
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 Dability 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 re	ands outsu the name of the name
registered agent and/or the new registered office address here:	
	7 × 1
Name of New Registered Agent:	
New Registered Office Address:	> ~
Enter Florida street	address
140-11	_, Florida
City	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 provisions of all statutes relative to the proper and complete performance of my duti	
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 confit	m that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Remove ☐ Change □ Add □ Remove ☐ Change 16 DE Remove _□ Remove ☐ Change ☐ Remove _□ Change _□ Add ☐ Remove _□ Change

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Filing Fee: \$25.00