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| Certified Copies | _ Certificates o | f Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| ATENCIO | O WOOD FLOORS, LLC | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| | Amendment and fee(s) are subsidence concerning this matter | | |
| | ELIMELEC ATENCIO | | |
| | | Name of Person | |
| | ATENCIO WOOD FL | OORS, LLC | |
| | | Firm/Company | |
| | 3881 N PINE ISLAND | RD APT 5306 | |
| | | Address | |
| | SUNRISE, FL 33351 | | |
| | | City/State and Zip Code | |
| | LATINTAX@HOTMA | | |
| | · | to be used for future annual report notific | cation) |
| For further information co | oncerning this matter, please co | all: | |
| ELIMELEC ATENCIO | | 954 865-7896 at () | |
| Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| | ■ \$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) |
| MAILI | NG ADDRESS: | STREET/COURIE | ER ADDRESS: |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ATENCIO WOOD FLOORS, LLO | | | |
|---|--|--|---|
| (<u>Name of the Limited Liab</u> (A Flori | i <mark>lity Company as it</mark> ida Limited Liability | now appears on our recor- Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Florida document number 1.17000022393 | Company were f | iled on 01/27/2017 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the li | mited liability co | ompany here: | |
| ATENCIO CAR WASH, LLC | | | |
| The new name must be distinguishable and contain the words "L | imited Liability Con | npany," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | _ _ |
| (Principal office address MUST BE A STREET ADI | DRESS) | | |
| | | <u>. </u> | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>-</u> | |
| | | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent: | gistered office a ddress here: | ddress on our record | Is, enter the name of the new |
| New Registered Office Address: | | | |
| | | Enter Florida street addr | ess |
| <u></u> | , Florida | | |
| | | ity | Zip Code |
| New Registered Agent's Signature, if changing Registe | | | |
| I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang | d complete perfo l agent as provid ered office addr ge. | rmance of my duties, of led for in Chapter 603 ess, I hereby confirm t | and I am familiar with and 5, F.S. Or, if this document is that the limited liability |
| | If Changing I | Registered Agent, <u>Signatur</u> | e of New Registered Agent; |

Page 1 of 3

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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

☐ Change

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| ective date, if other than effective date is listed, the date e. If the date inserted in the | : must be specific ar is block does not | nd cannot be prior meet the applic | r to date of filing cable statutory: | or more than 90 day | (optional) vs after filing.) Pur ts, this date will | suant to 605.02 not be listed : |
| ument's effective date on th | ne Department of | State's records | | | | |
| record specifies a dela he 90th day after the | | | ot an effectiv | ve time, at 12 | :01 a.m. on t | the earlier |
| OCTOBER/ 04 | | 2017 | | | | |
| ed | E/in | ilee 7 | A ferrei | | 141 P | 17 OC |
| | Signature of a | member or anth | orized represent | itive of a member | 技術 | FILE |
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Page 3 of 3

Filing Fee: \$25.00