L17000045615

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COVER LETTER

TO: Registration S Division of Co			
Tarheel So	ftwash, LLC		
SUBJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Corey Moore		
		Name of Person	
	Sailfish Softwash, LLC		
		Firm/Company	
	557 SE Southwood Trail		
		Address	
	Stuart, FL 34997		
	<u> </u>	City/State and Zip Code	
	info@sailfishsoftwash.com	10.00	
		to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	di:	
Corey Moore		772 410-6971 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tarheel Softwash, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L17000045615	ty Company were filed on February 27, 2017	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Sailfish Softwash, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		The state of the s
B. If amending the registered agent and/or re		er the name of the new
registered agent and/or the new registered office a	address here:	\$ 7 E
Name of New Registered Agent:		
New Registered Office Address:		2 2
	Enter Florida street address	0
<u> </u>	, Florida	
	City	7in 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			☐ Remove
			☐ Change
			🗆 Add
			Remove
			☐ Change
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			Change
			□ Remove
			☐ Change
			Add
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	J.4. CCI.		
Sective date, if other than the n effective date is listed, the date mu ste: If the date inserted in this b cument's effective date on the E	st be specific and cannot be prior to date of a lock does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursual tory filing requirements, this date will not	nt to 605.0207 (be listed as t
record specifies a delaye The 90th day after the rec		ective time, at 12:01 a.m. on the	e earlier of:
April 20	2017		
1	1/		

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Filing Fee: \$25.00