L17000084438

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COVER LETTER

	Registration Se Division of Cor			
CHD IE				
SUBJEC	.1:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Fred Alhilly		
			Name of Person	
		Trinity Car Wash		
		Name of Person		
		1539 Amaryllis ct		
			Address	
		trinity FL, 34655	Submitted for filing. Itter to the following: Name of Person Firm/Company Address City/State and Zip Code ss: (to be used for future annual report notification) se call:	
			City/State and Zip Code	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy
		E-mail address: (to be used for future annual re	port notification)
For furth	er information c	oncerning this matter, please ca	all:	
Fred Alh	illy			912
	Name o	f Person		Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

Trinity Car Wash		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recor Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number L17000084438		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limit	ed liability company here:	
Trinity Car Wash LLC.		,
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning dualess MAT BE A TOST OFFICE BOA		Y-\$.
B. If amending the registered agent and/or registe	red office address on our record	ls, enter the name of the new
registered agent and/or the new registered office addre	ss here:	6 6
Name of New Registered Agent:		350 100 100 100 100 100 100 100 100 100 1
New Registered Office Address:		**************************************
	Enter Florida street addre	5.5
	, FI	lorida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen	uplete performance of my duties, a	nd I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>tle</u>	<u>Name</u> .	Address	Type of Action
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			Remove
			Change
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•			☐ Remove
			□ Change
			
			Remove
			Change
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of etc. If the date inserted in this block does not meet the applicable statutory filing in the date of the Department of State's records.		
record specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	e time, at 12:01 a.m. on the earli	er of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00