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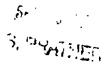
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COVER LETTER

TO: Registration Sect Division of Corp					
SUBJECT: <u>CONT</u>	TURY 21 CAR WA Name of Limi	SH NORMAN ted Liability Company	sy, L	LC	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.			
Please return all correspond	lence concerning this matter t	to the following:			
	Sylvia JA	Name of Person			
		Firm/Company			
	IIISY SAN	Jose Bival Address			
	JACKSONUILE	City/State and Zip Code			
	Sylvia aca	Chux Ca Quash. o be used for future annual re	Co M.	cation)	
For further information cor	ncerning this matter, please ca	11:			
Sylvia JAFF Name of F	Person	at (<u>904</u>) Area Code	813 Daytime	2677 Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos	

MAILING ADDRESS:

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

Century 21 CAR WASH (Name of the Limited Liability Compa (A Florida Limited I.)	NORMANDY, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000199458</u> .	were filed on 9126 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CENTURY 2-1 CAR WASH PARK, The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11154 SAN JOSE BLUD
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILE PL 32223
Enter new mailing address, if applicable:	11154 SAN JOSE BLUD
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONYLLE, FL 32223
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
•	
New Registered Office Address:	Enter Florida street address
	, Florida
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, <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>	Name	Address	Type of Action
			☐ Remove
			□ Change
			
			□ Remove
			Change
			□ Add
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			Change
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Filing Fee: \$25.00