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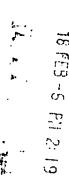
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration S Division of Co			
PW Wood SUBJÉCT:	lands, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	James Talton		
		Name of Person	·
	ProntoWash		
		Firm/Company	
	511 W Bay Street, Suite 3	69	
		Address	
	Tampa, FL 33606		
		City/State and Zip Code	
	james@bluemarblestrategio	c.com to be used for future annual report notific	
For further information of	e-mail address: (concerning this matter, please c		cation)
James Talton		813 431-1138 at ()	
Name o	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

nny as it now appears on our recor Liability Company)	rds.)
were filed on October 18, 201	7 and assigned
pility company here:	
lity Company," the designation "LL	C" or the abbreviation "L.L.C."
701 Brickell Avenue	
Suite 850	
Miami, FL 33131	
701 Brickell Avenue	1 60 TO 1
Suite 850	٠
Miami, FL 33131	-1)
	Ġ
ffice address on our record <u>e</u> :	ds, enter the name of the nev
Forter Florida stress Adv	
emer r torida street adare	722
, F	lorida Zip Code
	lity Company here: Total Brickell Avenue Suite 850 Miami, FL 33131 Total Brickell Avenue Suite 850 Miami, FL 33131 ffice address on our recorde: Enter Florida street address, F

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 = Manager AMBR = Authorized Member

Title _	<u>Name</u>	Address	Type of Action
MGR	ProntoWash, LLC	511 W Bay Street	
		Suite 369	■ Remove
		Tampa, FL 33606	Change
MGR	Olga Soler Rovira	701 Brickell Avenue	■ Add
		Suite 850	☐ Remove
		Miami, FL 33131	Change
	.		□ Add
			Remove
			☐ Chango
			Remove
			☐ Change
			Add
		 	☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

					
					
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effective date is listed, the e: If the date inserted	than the date of filing the date must be specific and in this block does not to on the Department of	nd cannot be prior to o meet the applicabl	date of filing or more tl	nan 90 days after filing	(.) Pursuant to 605.020
record specifies a ne 90th day after	delayed effective the record is filed	date, but not a	an effective time	, at 12:01 a.m.	on the earlier
tebruary	NUA	. 2018			
(COMMICE A)	Signature of a	member or authoriz	ed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00

