11700221067

(R	equestor's Name)	-
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
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(C	ocument Number)	-
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K. SALY NOV - 1 2017

COVER LETTER

Division of Co	rporations		
Fowler Av	e Car Wash, L.L.C.		
Sommer.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RacAnn Compton		
		Name of Person	
		Firm/Company	
	8905 Regents Park Drive,	Ste. 210	
		Address	
	Tampa, Florida 33647		
		City/State and Zip Code	
	raeann@comptontlalaw.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ea	all:	
RaeAnn Compton		813 994-2026 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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:

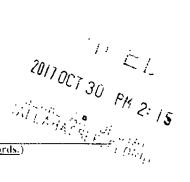
TO:

Registration Section

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



Fowler Ave Car Wash, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on October	25,2017 and assigned
Florida document number L17000221067	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter now modified address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
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	l complete performance of my d l agent as provided for in Chapt ered office address, I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	ignature 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Suleman Makhani	8905 Regents Park Drive Ste. 210 7	Add
			■ Remove
			☐ Change
AMBR Shahina Makhani	Shahina Makhani	8905 Regents Park Drive Ste 219 T	■ Add
			Remove
			Change
			
			Change
			Add 2
		 	
			☐ Remove
			Change
			Add
			Remove
			Change

	2017 OCT 30 PK 2: 18
	18 14 SSIT 18 18 18 18 18 18 18 18 18 18 18 18 18
73 F-60	October 27, 2017
E. Ellec	etive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docui	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
(0) 111	e Jour day after the record is med.
••	October 27 2017
Date	d State 2
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00