117000221067

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(Address)			
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COVER LETTER

TO:	Registration Sec Division of Corp			
CHDIC		Car Wash, L.L.C.		
SUBJE	C1:	Name of Limi	ted Liability Company	<u>-</u>
		Amendment and fee(s) are subr	-	
		RacAnn Compton		
			Name of Person	
			Firm/Company	
8905 Regents Park Drive, Ste. 210 Address				
			Address	
		Tampa, Florida 33647		
			City/State and Zip Code	
		raeann@comptonflalaw.com E-mail address: (t	nobe used for future annual report notific	cation)
For furt	her information ec	oncerning this matter, please ca	·	
RaeAn	n Compton Name of	· D	813 994-2026 at ()	Tolonkova Novak
	Name of	Ferson	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

Fowler Ave Car Wash, L.L.C.	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\frac{117000221067}{1000000000000000000000000000000000000$	Company were filed on October 25, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
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 action Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new</u> Idress here:
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shahina Makhani	8905 Regents Park Drive, Stc. 210	
			■ Remove
			Change
AMBR	Franck J.J. Maigne	8905 Regents Park Drive, Ste. 210,	Add
			□ Remove
			Change
			Remove
			Change
			D Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			
			□ Remove
			□ Change

	
	November 15, 2017
E. Effec	tive date, if other than the date of filing: November 15, 2017 (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docu	ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
(U) IN	e 90th day after the record is filed. A
-	November 15 /2017
Date	
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00