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TO: Registration Sec Division of Corp			
CUBICCT.	CAR	WASH VW LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	WILMER A LUGON	Name of Person Frm/Company 1330 NW 25TH ST Address MIAMI FL 33142 City/State and Zip Code	
		vilmer.a.lugo.n@gmail.com	
For further information co	encerning this matter, please ca	to be used for future annual report notificall:	ation)
WILMER A LUGO N	OGUERA	954 394-4678 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

CAR WASH V	VW LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000259662	were filed on	12/20/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1330 NW	25TH ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI	FL 33142	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4234 SW 152 MIAMI, FL 3	nd AVE, STE 124 33185-5252	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>en</u>	ter the name of the ne
			L AIG
New Registered Office Address:	Enter Flori	ida street address , Florida	MAR 26
	City	, 101101	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			R≥ :: [
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of i	my duties, and I a	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

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00