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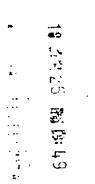
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COVER LETTER

TO:	Registration S Division of Co		•			
SUBJEC	TM Wate	rs Car Wash, LLC				
		Name of Lin	nited Liability Compan	y		
		f Amendment and fee(s) are sub condence concerning this matter		Re:	Name	Amendment Only
		Michelle Fisher				
			Name of Person	n	<u></u>	_
		TM Waters Car Wash, L				
				_		
		14737 Bowfin Terrace				
			_			
		Bradenton, FL 34202				
		michellefisher5412@gma	_			
		E-mail address:				
For furth	ner information	concerning this matter, please c	all:			
Michelle	e Fisher		706	536-8448		
	Name	of Person	Area Code	Daytin	ne Telephone Numbe	er
Enclosed	f is a check for	the following amount:				
□ \$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	рy	Certifie	ate of Status &
	MAI	LING ADDRESS:	STE	REET/COUR	IER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TM Waters Car Wash, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 3/21/18 and assigned
Florida document number L18000070384	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Rip Tide Car Wash, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	ty," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ma
(Principal office address MUST BE A STREET ADDRESS)	***
<u></u>	1
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	· 11
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	*
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
	inter Florida street address
	, Florida
City	Zip 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 = M $AMBR = A$	lanager authorized Member	2 L 2.	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			☐ Remove
			☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00