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DIVISION OF CORPORATION

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Aim High Mobile C	arwash and Detail, LLC ted Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Terrence	L Booth Cr. Name of Person
<u> Aim High Mo</u>	bile Carwash and Detail, LLC Firm/Company
1834 43rd U	rt South Address
	City/State and Zip Code
<u>aimhigh mobile</u> E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter, please ca	alfi:
Terrence Booth Sr Name of Person	at ( <u>821</u> ) <u>P48 - 7702</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand Status	□ \$55.00 Filing Fee & □ \$60.00 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

Him High Mobile Cary	vash and Detai	LLLC
(Name of the Limited Liability Company (A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on May 2,20	18 and assigned
Florida document number <u><b>L18000110743</b></u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
~/*		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~/ <u>~</u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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		CORPO
Enter new mailing address, if applicable:	<u> </u>	— <b>क</b> हुँ, <b>क</b> ≲स
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:		ter the name of the nev
		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	I
	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 = _	Manager	
AMBR =	Authorized	Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
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		St. Petersburg, F1 33711	Remove
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te: If the date inserted	in this block does	not meet the app	licable statutory	filing requirer	nents, this dat	e will not be l	isted
ument's effective date	on the Department	t of State's recor	ds.				
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Filing Fee: \$25.00