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(Re	equestor's Name)	
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2018 NOV -8 PH 1: 22 SECRETARY OF STATE

5/2/8

COVER LETTER

TO:	Registration Sec Division of Corp			
orin		itwash Miami, LLC		
SUB	JECT:	Name of Limit	ed Liability Company	
The	enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Pleas	se return all correspon	dence concerning this matter to	o the following:	
		Guillermo A. Gonzalez		
			Name of Person	
		B & D Enterprises of South	Florida, LLC	
			Firm/Company	
		2462 Round Table Court		
			Address	
		Fort Myers, FL 33912		
		bill@driveinboatwashusa.com	City/State and Zip Code m	
		E-mail address: (to	be used for future annual report notific	ation)
For i	further information co	ncerning this matter, please cal	II:	
Guil	lermo A. Gonzalez		239 281-7896 at ()	
	Name of	Person		Telephone Number
Encl	osed is a check for the	e following amount:		
= 5	\$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

FILED

2018 NOV -8 PM 1: 22

SECRETARY OF STATE TALL AHASSEE, FL

Drive-in Boatwash Miami, LLC

(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 Cor	mpany were filed on 06/29/2018	and assigned
Florida document number L18000159285	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		• 1
	, Flor	ida Zip Code
	City	гір Сойс

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
MGR	Good, Annetta	7802 Mulberry Lane, Naples, FL 34114	= Add
			☐ Remove
			☐ Change
AP	Spinelli, Thomas	PO Box 12013, Naples, FL 34101	
			■ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
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ffective date, if other than the an effective date is listed, the date multiple of the date inserted in this becoment's effective date on the I	lock does not meet	t the applicab	date of filing or n le statutory filin	ore than 90 days af g requirements, t	er filing.) Pursuant to 66 his date will not be li	05.020 sted a
e record specifies a delaye The 90th day after the re		e, but not	an effective t	ime, at 12:01	a.m. on the ear	lier c
November 2	. 2	2018	,			
	- AR					
	Signature of a then	nher or authori	zed representative	of a member		
	Signature of the state of	noci oi autioii.	a representative	or a memoer		

Page 3 of 3

Filing Fee: \$25.00