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ZOUSTING AMPSO

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	DE'S CARWY	ASH H, LL C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Theodore	C. Schumany	`
		Firm/Company	
	250 Tegrasta	Drise Soite 300	<u> </u>
	Teguesta F	L 33469 City/State and Zip Code	
	ted @ FLTa	x Advisers, Co	ication)
For further information c	oncerning this matter, please ca	ıll:	
Theodore C.	Schlemann	at (<u> </u>	- 5747
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Cotporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOE'S CARWA	SH 4 LLC	
(<u>Name of the Limited Liability C</u> (A Florida Li	'ompany as it now appears on our reco insted Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Com		1 2018 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:		
A. If amending name, enter the new name of the limited	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) mization for this Limited Liability Company were filed on 07 17 2018 and assigned imber L18000172-023 aubmitted to amend the following: me, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" all offices address, if applicable: dress MUST BE A STREET ADDRESS) address, if applicable: AY BE A POST OFFICE BOX) he registered agent and/or registered office address on our records, enter the name of the new d/or the new registered office address here: lew Registered Agent: tered Office Address: Enter Florida street address Florida	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		20 TAL
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		5.7
Enter new mailing address, if applicable:		AP.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	1	Florida
	Cay	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

Title	Name	Address	Type of Action
AMBR	Treadore C. Schwenner	238 River Dr. Ve	
		Teguesta, FL 33469	Remove
			Change
AMBR	Laufa Lestie-Schvemann	228 River Drive	b Add
		Teguesta FL 33469	🗅 Remove
			☐ Change
<u>AMBR</u>	Joseph N. Schremann	3408 S. Oange Ave Ste B	
		Orlando FL 32806	Remove
			🗀 Change
AMBR	Amy Scholemann	3408 S. Mange Ave Ster	Add
		Orlando, FL 32806	□ Remove
			□ Change
			□ Add
			☐ Remove
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te: If the date inscrted in	tan the date of filing:date must be specific and camen this block does not meet on the Department of State	the applicable statut	ling or more than 90 days af ory filing requirements, t	tional) fer filing.) Pursuant to 605.02(his date will not be listed :
he 90th day after t				a.m. on the earlier
led October	30	1019		
	Signature of a mem	Less Half- ber or authorized repre	sentative of a member	

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Filing Fee: \$25.00