

L 18 000 180 985

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

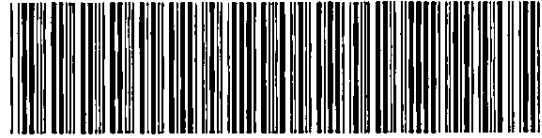
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000441752480

01/02/25--01009--005 \*\*25.00

FILED  
25 JAN -2 AM 10:02  
CLERK OF SUPERIOR COURT  
JAN 25 2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D-LUXE HAND CARWASH LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALDO GUTIERREZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm Company

743 FIREROCK LN

\_\_\_\_\_  
Address

DEBARY FL 32713

\_\_\_\_\_  
City/State and Zip Code

WALDO.REALTOR@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALDO GUTIERREZ

407 5359284  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

D-LUXE HAND CARWASH 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 Company were filed on 07/27/2018 and assigned Florida document number L18000180985.

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 "L.L.C."

**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)**

**B. 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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARTIN, OSCAR MANUEL	Av las Delicias, Edificio Nivaldo, Apt 10-C	<input checked="" type="checkbox"/> Add
		Maracay, Aragua 2101 VE	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTIN, PAMELA	Av las Delicias, Edificio Nivaldo, Apt 10-C	<input checked="" type="checkbox"/> Add
		Maracay, Aragua 2101, Venezuela	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTIN, MARIA GABRIELA	284 Scottsdale Sq	<input checked="" type="checkbox"/> Add
		Winter Park FL 32792, USA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTIN, ANDREA	501 Christor PL	<input checked="" type="checkbox"/> Add
		Orlando FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
--	--	--	<input type="checkbox"/> Add
		--	<input type="checkbox"/> Remove
		--	<input type="checkbox"/> Change
--	--	--	<input type="checkbox"/> Add
		--	<input type="checkbox"/> Remove
		--	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee