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COVER LETTER

CORPORATE AND ADDRESS.	ASH & DETAILING AND SE	RVICES LLC	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE F CORTEZ CORTE	7.	
	-7-	Name of Person	
		Firm/Company	
	1728 GREEN RIDGE RD		
		Address	
	TAMPA,FL 33619		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
JOSE CORTEZ CORTE	Z	813 468-5483 at ()	
Name of	Person	Area Code Daytim	: Telephone Number
Enclosed is a check for th	e 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

JC CARWASH & DETAILING AND SERVICE		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our record nited Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Com	pany were filed on 10/01/2018	and assigned
lorida document number 1.18000231950		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
HINE CLEANING SOLUTION,LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviation? L.L.C."
Inter new principal offices address, if applicable:		<u> </u>
<u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>	22
		1.75 2.15 2.15 2.15
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		्रिक्त । जिल्ला
numing university BLA (031 Of FICE BOX)		
		<u> </u>
. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		-1
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	<i>y</i>
	Total	a mi al a
	, F10	orida 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 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	<u>Address</u>	Type of Action
AMBR	YANET PEREZ NEGRETE	1728 GREEN RIDGE RDTAMPA, FL 33619	= Add
			Remove
			□Change
			□Add
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	ate of filing:		(optional)
Effective date, if other than the d	be specific and cannot be	prior to date of filing or m	ore than 90 days after film	g.) Pursuant to 605.020' e-will not be listed as
Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc	tk does not meet the ar	ipheable statutory iiitii	g requirements, ons one	e with motor hated as
Effective date, if other than the difference of the date inserted in this block document's effective date on the Dep			g requirements, this date	e will not be listed as
Note: If the date inserted in this bloc			g requirements, tills dat	e will not be fisted as
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective	partment of State's reco	ords.		
Note: If the date inserted in this bloc document's effective date on the Dep	partment of State's reco	ords.		
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed.	oartment of State's reco	ords.		
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed. OCTOBER 21	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) T	
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed. OCTOBER 21	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) T	
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed. OCTOBER 21	oartment of State's reco	ve time, at 12:01 a.m.	on the earlier of: (b) T	

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Filing Fee: \$25.00