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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Second Division of Corp			
subject: Spank	y's Hand Car Wash S Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Karina Delo	Name of Person	
	Spanky's Hand	Firm/Company	
	5707 8th S	Address	
	Zeptychills, FC	33542 City/State and Zip Code	
٠.	Spankyshand caru E-mail address: (1	o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
Karina Debugh Name of	Person	at (<u>813</u>) <u>430 - 75</u> Area Code Daytime '	Telephone Number
Enclosed is a check for the	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spanky's Hand Co- U (Name of the Limited	Lish - Det Liability Compar A Florida Limited L	y as it now appears on iability Company)	2015) 25 AM 10: 53
The Articles of Organization for this Limited Lia	bility Company	were filed on 4/16	and assigned
Florida document number <u>L 19000 10810</u>	5		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
B. If amending the registered agent and/o registered agent and/or the new registered offi	•		r records, enter the name of the new
Name of New Registered Agent:	Kanina	Debyoh	
New Registered Office Address:	5707	Debyph 8 th Street Enter Florida si	reet address
	Zephych	ilk	, Florida <u>33542</u> 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
<u>MG-R</u>	Jeson Amstrony	38241 13th Ave	🖸 Add
		Zephyrhills, FC 33542	Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
		6-1-1-10-10-10-10-10-10-10-10-10-10-10-10	Remove
			Change
			🗆 Add
			□ Remove
			Change
			
			Remove
			Change

D. If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
	
	
	<u> </u>
Note: If the date ins	ther than the date of filing: 11/20/19 (optional) sted, 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)(serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated <u>Novem</u> k	Der 2014, 2019.
-U	Signature of a member or authorized representative of a member
<u> Kaci</u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00