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COVER LETTER

TO:	Registration Sec Division of Corp					
CUD IE	FLORIDA'S TOP MOBILE CAR WASH "L.L.C"					
SUBJE	CI:	Name of Lim	ited Liability Company			
The end	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		ASSONIE AND GUY-FIL	LS JOSEPH			
		· 	Name of Person			
		FLORIDA'S TOP MOBIL	E CAR WASH "L.L.C"			
			Firm/Company			
		6101 NW 18TH CT				
		+ 	Address			
		SUNRISE, FL 33313				
City/State and Zip Code						
		JOSEPHGUYFILS1967@GMAIL.COM				
		E-mail address: (to be used for future annual report noti	fication)		
For furt	her information co	oncerning this matter, please co	all:			
GUY-F	TILS JOSEPH		954 913-4251 at()_			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclose	d 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:

TO:

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

FLORIDA'S TOP MOBILE CAR WASH "L.L.C"	ny as it now appears on our records.) Liability Company)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L19000159005	and the second of the second o	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FLORIDA'S TOP MOBILE CLEANING AND CAR WASH "L.L.C.	, ,	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1549 ABBERTON DR	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32837	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1549 ABBERTON DR ORLANDO, FL 32837	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	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>	Address	Type of Action
AMBR	ASSONIE JOSEPH	1549 ABBERTON DR ORLANDO, FL 32837	
			■ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Change
<u>.</u>			□ Add
			🖸 Remove
			Change
			Add
			Remove
			Change
			Remove
			□ Change

	09/17/2019
(If an o <u>Note</u>	etive date, if other than the date of filing:
f the reb	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 09-17-2019
	\7/.\}
	Signature of a member or authorized representative of a member
	GUY-FILS JOSEPH

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Typed or printed name of signee

Filing Fee: \$25.00