1190002225917

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Eocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opecial institutions to 7 imag ovinces.

Office Use Only



600339889026

01/30/20--01012--018 **35.00

20 JAN 30 AH IO: 52

FED 2 4 2020

COVER LETTER

t

TO:

TO: Registration So Division of Co			
Stark Auto	Spa LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gordon Hardwick		
		Name of Person	filing. Diving: The of Person Address The and Zip Code The annual report notification) The annual report notification T
	Stark Auto Spa LLC		
	~~~	Firm/Company	<del></del>
	226 North Nova Road S	te 151	
		Address	
	Ormond Beach, FL. 321	74	
		City/State and Zip Code	
	gordon@sportyscarwash		1,0
For further information of	econcerning this matter, please concerning this matter.		outreation)
Gordon Hardwick		865 414-2911	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration			ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stark Auto Spa LLC		
(Name of the Limited Liability Comp. (A Florida Limited	<mark>any as it now appears on our r</mark> Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on September	6, 2019 and assigned
Florida document number L19000225917		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Starke Auto Spa LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		2 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		57 50
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uldress
		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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			Echange St. Madd
			[™] Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

					· ·	
						_
	<del></del>					_
<del></del>					. · · · · · · · · · · · · · · · · · · ·	_
		<b>-</b>			<del></del>	
	<del></del>	•				_
						_
-				Σ	2	
				<u> </u>		<del></del>
				) in ( )	<u> </u>	
				4	30	·
			····		(285 (35)	1 3 3
					<u>≅</u>	
				<u> </u>	N N	<del></del>
				,i.*		
					- · <del> · -</del>	
						_
fective date, if other than the date of f	iling:			(optional)		
an effective date is listed, the date must be specificate: If the date inserted in this block does it						
ocument's effective date on the Department						
record specifies a delayed effective date, but	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90	)th day af	fter the
is filed.						
January 15	2020					
January 13	. 1	<del></del>				
ated		1 1				
ated	2/0					

Filing Fee: \$25.00