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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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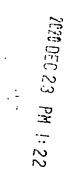
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-----------|------------------------------------|--|--|--|
| SUBJE | CarsWashN | Now | | |
| SUBJE | ÇI | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | James R. McFadden, Jr. | | |
| | | | Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Indice and Street Striver and Street Street Striver and Street Striver and Street S | |
| | | | Firm/Company | |
| | | 481 W. 32nd Street | | |
| | | | | |
| | | Riviera Beach, FL. 33404 | | |
| | | carswashnow@gmail.com | City/State and Zip Code | |
| | | = = | to be used for future annual report notific | eation) |
| For furt | her information o | concerning this matter, please c | all: | |
| James R | k. McFadden, Jr. | | at (| |
| | Name o | of Person | Area Code Daytime | l'elephone Number |
| Enclose | d is a check for t | he following amount: | | |
| □ \$25 | .00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Addres | | | ian |

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CarsWashNow, LLC | | |
|---|--|------------------------------|
| (Name of the Limited Liabilit | ty Company as it now appears on our records. Limited Liability Company) |) |
| (A Florida | Limited Liability Company) | 93 |
| The Articles of Organization for this Limited Liability C | 61nd on 01/13/2020 | and assigned |
| | ompany were med on | and assigned |
| Florida document number L20000018878 | · | 2 |
| This amountment is submitted to amount the fallouing. | | |
| This amendment is submitted to amend the following: | | PR |
| A. If amending name, enter the new name of the limi | الله الله الله الله الله الله الله الله | |
| CarsWashNow Mobile Detailing, LLC. | | 22 |
| The new name must be distinguishable and contain the words "Limi | ind Linkilly, Company "the designation of LC" | or the observation "I 1 C" |
| The new name must be distinguishable and contain the words. Limit | ned Liability Company, the designation LLC | of the appreviation (L.L.C., |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | PFCC) | |
| Timespai Office address Problems A STREET TEDER | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • • • | | · - |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | . |
| | | |
| B. If amending the registered agent and/or registered | l office address on our records, enter t | he name of the new registere |
| agent and/or the new registered office address here: | , — <u>———</u> | |
| | | |
| Name of New Registered Aments | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | |
| | , Flor | |
| | City . | Zip Code |
| New Registered Agent's Signature, if changing Registered | d 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------------|----------------|
| CFO | Crystal McFadden | 481 W. 32nd Street | □ Add |
| | | Riviera Beach, FL. 33404 | ■ Remove |
| | | | ☐ Change |
| CFO | Joseph Jackson | 481 W. 32nd Street | = Add |
| | | Riviera Beach, FL. 33404 | □ Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
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| tive date, if other than the da | 12/03/202 | 0 | (ontional) | |
| ffective date is listed, the date must be | e specific and cannot be pri- | or to date of filing or more | than 90 days after filing.) Pu | rsuant to 605.0 |
| . If the date inserted in this block nent's effective date on the Depa | | | equirements, this date wit | i noi be nsiei |
| | | | | |
| rd specifies a delayed effective diled. | late, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) The 90 | oth day after t |
| 1100. | | | | |
| DECEMBER 3 | 2020 | | | |
| 1. 24 | Mich | · | | |
| Jan & It | gnature of a recomber or aut | horized representative of | a member | |
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