

Florida Department of State  
Division of Corporations  
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H200000732223ABCS

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Division of Corporations  
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Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A.  
Account Number : I20100000044  
Phone : (954) 252-0589  
Fax Number : (954) 320-4555

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTH FLORIDA AUTO SPA LIMITED LIABILITY  
COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SULKER

MAR 09 2020

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Auto Spa Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 5, 2020 and assigned Florida document number L20000041255.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

South Florida Auto Spa LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 4, 2020

Signature of a member or authorized representative of a member

Maged Habib  
Typed or printed name of signee

**Filing Fee: \$25.00**



March 5, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SOUTH FLORIDA AUTO SPA LIMITED LIABILITY COMPANY  
3450 S OCEAN BLV  
510  
PALM BEACH, FL 33480US

SUBJECT: SOUTH FLORIDA AUTO SPA LIMITED LIABILITY COMPANY  
REF: L20000041255

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Document number is incorrect

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000073222  
Letter Number: 720A00004917