Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077

: (954)773-7286 : (954)526-8825

Fax Number

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

Email Address: agonzalez @amefinancialgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JETS CAR WASH, LLC

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COVER LETTER

H20000287432 3

TO: Registration Section Division of Corporations

SUBJECT:	JETS CAR	WASH, LLC				
30 05 000		Name of Limit	ed Liability Company			
		10.4	500 L 60 L 601			
The enclosed	Articles of A	imendment and fee(s) are subn	ntted for filing.			
Please return	all correspon	dence concerning this matter to	o the following:			
		ANTONIO GONZALEZ				
			Name of Person			
		GONZALEZ & ASSOCIA	TES III PA			
			Firm/Company			
		1820 N CORPORATE LAKES BLVD STE 107 Address				
		WESTON, FL 33326				
			City/State and Zip Code			
		E-mail address: (v	o be used for future annual report	notification)		
For further in	formation co	nocerning this matter, please ca	di:			
ANTONIO	GONZALE	z	954 773-728 at ()			
	Name of	Person	Area Code Da	vtime Telephone Number		
Enclosed is a	a check for th	e following amount:				
≡ \$2 5.00 F	Filing Fee	□ \$30.00 Fiting 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 Address:

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

ARTICLES OF AMENDMENT H20000287432 3

TO ARTICLES OF ORGANIZATION **OF**

	JETS CAR WAS			
(Name of the Limit	d Liability Compa A Florida Limited I	ny as it now appe≥ Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on	07/08/2020	and assigned
lorida document number	 ,			
his amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liab	ility company h	<u>ere</u> :	
N/A				
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	T ADDRESS)			
				
				2020
inter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)			
			·	77 / 77
				·
 If amending the registered agent and/or a agent and/or the new registered office addre 	egistered office	address on our	records, <u>enter the b</u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
Hen receipted Attest rantes.		Enter Fl	orida street address	
			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 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 H20000287432 3

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JUAN E TAMBOLINI	3141 NE 11TH TERRACE	□Add
		POMPANO BEACH, FL 33064	□Remove
			■Change
MGR	CAROLINA TAMBOLINI	3141 NE 11TH TERRACE	
	•	POMPANO BEACH, FL 33064	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			bbAdd
			□Remove
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F Wast	ive date, if other than the date of filing: (optional)
If on eff	ive date, if other than the date of filing:
docum	to the date inserted in this block does not meet ute applicable standary films requirements, and that the date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ъ.	AUGUST 19 / 2020
Dated	
	L = I + I + I + I + I + I + I + I + I + I

Filing Fee: \$25.00

Typed or printed name of signee