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COVER LETTER

TO: Registration Section

Division of Corporations					
	AR WASH & DETAILING. L	LC	•		
SUBJECT:	Name of Line	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	KENNETH MCCOY				
		Name of Person	 		
	MCCOY & ESPINOZA, F	P.A.			
		Firm/Company			
	15271 N W 60TH. AVE.,	SUITE 201			
		Address			
	MIAMI LAKES,FLA. 330	114			
		City/State and Zip Code			
	KMCCOYPA@BELLSOU				
	E-mail address: (to be used for future annual report not	tification)		
For further information c	oncerning this matter, please c	all:			
KENNETH MCCOY		305 698-9001			
Name o	f Person	Area Code Daytir	nc Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	action		
Registration S Division of C		Registration Se Division of Co			
P.O. Box 632		The Centre of	•		
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR. PRO CAR WASH & DETAILING, LLC	20.0 AUC 11, PY 4:	27
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000222194.	v were filed on <u>07/27/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	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 Cartifility Ity Pit 4: 27	Type of Action
MGR	AHMED HAMIDEH	5300 S W 129 AVE.MIRAMAR.FL.33027	■Add
			□Remove
			□Change
MGR AHMED MAMIDEH	AHMED MAMIDEH	5300 SW 129 AVE., MIRAMAR,FLA.33027	□Add
			≣Remove
			□Change
			□Add
			□ Remove
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			□Remove
			□ Change

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an effective date is ote: If the date i	other than the date of filing:
record specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ned /	Signature of a member or authorized representative of a member
<u> </u>	Signature of a member or authorized representative of a member
Í	Ahmed Hamideh Typed of printed name of signee
	- Inned Tingliden

Filing Foo: \$25.00