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## COVER LETTER .

TO:	Registration Section
	Division of Corporations

SUBJECT: (1/10/ KLEOLK Mobile Wash L. L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Altonio Buxd				
Name of Person				
Clockwork Mobile wask L.C.C				
FirnvCompany				
27707 S clific hear unit 311				
Address				
Homestead FL 33032				
City/State and Zip Code				
Allowooded 2346 gmail. com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Alto Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

III \$25.00 Filing Fee

☐ \$30.00 Filing 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 TO ARTICLES OF ORGANIZATION OF

Clockwork Mobile	WASH LL.C				
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.)				
The Articles of Organization for this Limited Liability		and assigned			
Florida document number <u>22000739635</u>	<del></del> -				
This amendment is submitted to amend the following	Ç				
A. If amending name, enter the new name of the l	imited liability company here:				
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		Q			
(Principal office address MUST BE A STREET AD		- •			
		2			
Enter new mailing address, if applicable:		W F			
(Mailing address MAY BE A POST OFFICE BOX)	)	→ → <b>→</b>			
		<u> </u>			
		58 <b>5</b>			
B. If amending the registered agent and/or registe		e name of the new registered			
agent and/or the new registered office address her	<u>re</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flori City	da			
	•	Zip Code			
New Registered Agent's Signature, if changing Regist	tered Agent:				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, und d agent as provided for in Chapter 605, F.: tered office address, I hereby confirm that	I am familiar with and S. Or, if this document is			
	If Changing Registered Agent. Signature of N	ion 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
Amba	Erick T. Hick	2017 Sw 33H (7	□Add
		CUTTER BALL, FL 33189	
		<del></del>	DEhange
MGK.	Altonio D. Burd	27707 S Divie hwy	[CAdd
		Unit 4 311	□Remove
		Homestand FL 3303C	□Chaπge
AL	William Hill	27707 S Dixie hwy	
		Unit # 311	Arcmove
		Homostead FC 33032	Change
			□Add
			□Remove
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Pated	Altenio	Signature of	a member or an	thorized represe	ntative of a mon	pei	<del></del>	

Filing Fee: \$25.00