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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Cor | porations | • | |
|-----------------------------|--|---|---|
| SUBJECT: | Dict Dust | 1 Mobile Flee | Wash LLC |
| | Name of Lin | Hed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | T | Jehon ways | |
| | | Name of Person | |
| | | Firm/Company | |
| | 3620 NW | 7th Court | |
| | 1- | | |
| | Fort La | City/State and Zip Code | 3311 |
| | E-mail address: (| ntuals@gmail.co | cation) |
| For further information o | oncerning this matter, please o | all: | |
| Duenon | wens | at (186) 234- Area Code Daytime | 6757 |
| name o | i reison | Area Code Dayume | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$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 Addres | | Street Address: | |
| Registration S | | Registration Sect | |
| Division of C | orporations | Division of Corp | orations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

| ARTICLESOF | ANCINDINGI |
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| Mich Meta | White Fleet Wash LLd? |
| (Name of the Limited Liability Compa (A Florida Limited I | iability Company) |
| he Articles of Organization for this Limited Liability Company | were filed on 06-26-2020 and assigned |
| lorida document number 120000264844 | |
| his amendment is submitted to amend the following: | |
| | |
| . If amending name, enter the new name of the limited liabi | lity company here: |
| VATIM | ds LLC |
| he new name must be distinguishable and contain the words "Limited Liabil | |
| The state of the s | |
| nter new principal offices address, if applicable: | 3620 NW 9th court |
| Principal office address MUST BE A STREET ADDRESS) | Fort Lauderdale, FL 33311 |
| | |
| | |
| | |
| nter new mailing address, if applicable: | dustron Lualis Ognail.com |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| 16 North Control | 13 |
| If amending the registered agent and/or registered office a gent and/or the new registered office address here: | duress on our records, enter the name of the new registers |
| eent and/or the new registered office address here. | |
| | |
| Name of New Registered Agent: | Wishon L. Walls |
| No. 10 10 10 10 10 10 10 10 10 10 10 10 10 | 20 NW 7th COURT |
| New Registered Office Address: | Enter Florida street address |
| | EMILY E FOR STORE INCLUDE CHARGE DING |

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 | Type of Action |
|--------------|--|-------------------|----------------|
| MGR | Dienon walls | 3620 NW PTR COURT | [MAdd |
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| 1 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Tect | ive date, if other than the date of filing: (optional) |
| an cf | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| K (III | icht's effective date off die Department of State's fecolds. |
| | |
| recor is fi | rd 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 |
| 15 11 | icu. |
| | 2/26/2022 |
| ated | _d/d0/2022, |
| | |
| | Signature of a member or authorized representative of a member |
| | Signature of a themoer of authorized representative of a member |
| | Dustana Laure |
| | Typed or printed name of signee |