2/10/23 V.CM

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COVER LETTER

TO: Registration S Division of Co			
O - 145 7 11 O/41	express Car Wash LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lecanne Graziani, Esquire	,	
		Name of Person	
	Law Office of Lecanne W	. Graziani, CPA	
		Firm/Company	_
	999 Vanderbilt Beach Rd	Ste 200	
		Address	
	Naples, FL 34108		
		City/State and Zip Code	
	LWGraziani@gmail.com		
For further information (h-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)
Lecanne Graziani		239 595-5420 at ()	
Name (of Person		me Telephone Number
Enclosed is a check for t	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 Addre Registration		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 633		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colonial Express Car Wash LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/3/2020	and assigned
Florida document number L20000348499		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Colonial OP9, LLC		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	···	722
		922 NOV
		
Enter new mailing address, if applicable:		Y OP P
(Mailing address MAY BE A POST OFFICE BOX)		m _o =
		72.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	·- <u> </u>
	, Flori	ida
	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 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	Ronen Graziani	999 Vanderbilt Beach Rd Ste 200	
		Naples, FL 34108	□Remove
			☐ Change
AMBR	Berkshire GP, LLC	999 Vanderbilt Beach Rd Ste 200	□Add
		Naples, FL 34108	Remove
			□Add
			Remove
			Change
			🗀 Add
			□Change
			□ Add
			□Remove
			Change
			□Ađd
			□Remove
			□Change

Effective date, if other than the date of filing:		 		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record 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 rd is filed. Dated November 16 2022				· · · · · · · · · · · · · · · · · · ·
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Signature of a member or authorized representative of a member			_	
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	Ronen (erennomi		

Filing Fee: \$25.00