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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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Registration Section Division of Corporations

HAPPY D	BCK CAR WASH, LLC		
	Name of Lin	nited Liability Company	
ne enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	
	CHARLES A SOCCI		
	Name of Person		
		Firm/Company	
	1406 S PARSONS AVE		
	SUITE A	Address	
	HAPPYÐUCKCARWASH	·	
	E-mail address: (to be used for future annual report noti	fication)
or further information of	concerning this matter, please c	all:	
HARLES SOCCI			
Name o	of Person	Area Code Daytim	e Telephone Number
nclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	——————————————————————————————————————	Certified Copy	Certificate of Status & Certified Copy
Division of C P.O. Box 631	Section Torporations 27	Registration Se Division of Cor The Centre of T	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY DUCK CAR WASH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{01/06/2021}$ and assigned forida document number 1.21000018437 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." inter new principal offices address, if applicable: Principal_office address MUST BE A STREET ADDRESS) inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

lew Registered Agent's Signature, if changing Registered Agent:

City

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

MBR = Authorized Member

<u>itle</u>	Name	<u>Address</u>	Type of Action
IGR	CHARLES A. SOCCI	1406 S PARSONS AVE	= Add
		SUITE A	□Remove
		SEFENER, FL 33584	
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove

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etive date, if other than the officitive date is listed, the date must e: If the date inserted in this blooment's effective date on the De-	be specific and cannot ik does not meet th	e applicable st	of filing or more th atutory filing req	(option on 90 days after fil uirements, this d	ling.) Pursuant to 60.	5.020' ted as
ord specifies a delayed effective filed.	date, but not an effi	ective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day afte	er the
February 1st	202	I				
		·				
- Jan 1	ignature of a member	or authorized r	epresentative of a r	nember		