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COVER LETTER

TO: Registration Section Division of Corporations IMAGE CAR WASH LLC SUBJECT: 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: SHAMAR WHITE Name of Person Firm/Company 4820 W PACIFIC POINT AVE APT 205 Address LAUDERDALE LAKES FL 33309 City/State and Zip Code SHAMARWHITE53@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHAMAR WHITE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **1** \$60.00 Filing Fee. ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section

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

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

Imagecar	WashLLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 0 8 2	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		·••	
		22	
		-p.	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	ame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Designated Agent's Cianature if shanging Designard Agent:			

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

Title	<u>Name</u>	Address	Type of Action
MGR	SHAMAR WHITE	W PACIFIC POINT AVE APT 205 LAUDERDALE FL 33	
		20.	□Remove
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08/16/2023	(optional)
ctive date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicab iment's effective date on the Department of State's records.	se statutory fining requirements, this date with not be listed
ford specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
ed	
·u	- ·
Signature of a member or authori	

Filing Fee: \$25.00

SHAMAR NHITE

COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
CLID HEZ		AR WASH LLC		
SUBJEC	J1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		SHAMAR WHITE		
			Name of Person	
Firm/Company				
4820 W PACIFIC POINT AVE APT 205				
Address				2023
		LAUDERDALE LAKES	FL 33309	2023 ; 1:22
		SHAMARWHITE53@GM	City/State and Zip Code	22 P
		_	to be used for future annual report notif	ication)
For furth	er information c	concerning this matter, please c	all:	2,5
SHAMAR WHITE		561 303-4001		
Name of Person		f Person	at () Area Code Daytime	Telephone Number
Enclosed	l 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 Address: Registration Section		Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303