

L21 000125972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

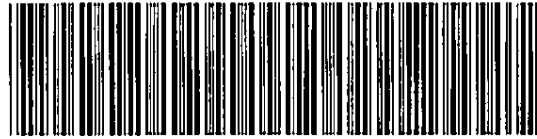
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke w/ Dexter
on 6/24/21

6/24/21
Tm

Office Use Only



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04/14/21--01012--021 **25.00

21 JUN 21 PM 3:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2021

DEXTER ST. LOUIS
2941 NW 190TH STREET
MIAMI GARDENS, FL 33056

SUBJECT: FINAL TOUCH CAR WASH, LLC
Ref. Number: L21000125972

We have received your document for FINAL TOUCH CAR WASH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 221A00011950

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINAL TOUCH CAR WASH
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:

Dexter St Louis

Name of Person

Final Touch Car Wash

Firm/Company

2941 NW 190th St.

Address

Miami Gardens, FL 33056

City/State and Zip Code

finaltouchcarwash247@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dexter St Louis

Name of Person

at (201)

Area Code

724-5878

Daytime Telephone Number

Enclosed is a check for the 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
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**

FINAL TOUCH CAR WASH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 JUN 24 PM 3: 21

The Articles of Organization for this Limited Liability Company were filed on 03/17/2021 and assigned
Florida document number L21000125972.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

21 JUN 24 PM 3:21

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DEXTER ST. LOUIS	2941 NW 190TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated _____

Dexter St Louis

Signature of a member or authorized representative of a member

Dexter St Louis

Typed or printed name of signer

Filing Fee: \$25.00