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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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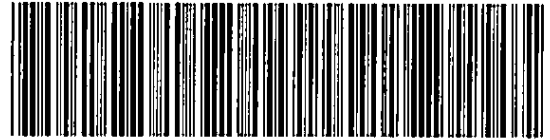
(Business Entity Name)

(Document Number)

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16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARWASH THE TINGUI LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis S. Molina
Name of Person

Molina Tax SERVICE INC.
Firm/Company

2178 W, 60th St apt 18201
Address

Hialeah, FL 33016.
City/State and Zip Code

Jone.moreno4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis S. Molina at (786) 367-4509.
Name of Person Area Code 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**

CARWASH THE TINGVI 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 5/6/2021 and assigned Florida document number L21000211625

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)

3800 NW 193 Rd Ter.
Miami Gardens FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3800 NW 193 Rd Ter.
Miami Gardens FL 33055

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jannys Betancourt	3800 NW 193 Rd ter	<input type="checkbox"/> Add
		Miami GARDENS, FL	<input type="checkbox"/> Remove
		33055	<input checked="" type="checkbox"/> Change
AMBR	Jone	3800 NW 193 Rd ter	<input type="checkbox"/> Add
		Miami GARDENS, FL	<input type="checkbox"/> Remove
		33055	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated May 29, 2021


Signature of a member on

Signature of a member or authorized representative of a member

Jannys Betancourt Zarzabal.
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00