## L21000271850

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: E & J Onestup Mubile Carwash LC  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:
Enos Lewis Name of Person
E&J Drustop Mubile Canvash uc
1120 SW 109th Avenue
Pembroke Pines, Fl. 33025 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lakevia Powell at (186) 407-1816  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability Company as it now as  (A Florida Limited Liability Company)	pears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>LJ1000271850</u> .	1 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
ESJ Onestop Services LLC.		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbrevi	intion "L.L.C."
Enter new principal offices address, if applicable:		3 1
(Principal office address MUST BE A STREET ADDRESS)		-,
		13 T
	# 17 60 c	<b>O</b> .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(П
		<del></del>
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
Enter	r Florida street address	
	, Florida	
City	2	Cip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	,		□Add
			□Remove
			Change
			DAdd
			□Remove
			☐ Change
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			□Change
***			DAdd
			□Remove
			□Add
			□Remove
			□Change

DbA

\_\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an o	ctive date, if other than the date of filing:  [Rective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rec ord is	ord 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 filed.
Date	d September 7, 2024.
	In L
	Signature of a member or authorized representative of a member
	Enas Lewis Typed or printed name of signee

: : .