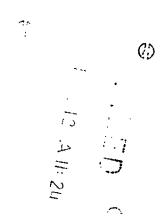
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COVER LETTER

TO: Registration S Division of Co		•		
	J BELL LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ROBERT BELL			
		Name of Person		
	R BELL & J BELL LLC			
		Firm/Company		
	4109 NW 88TH AVE, AP	T. # 204		
		Address		
	CORAL SPRINGS, FL 33	313		
		City/State and Zip Code		<i>0</i> 4
	RJCARWASHLLC@GMA			ØÌ
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:		
ROBERT BELL		954 479-0401 at ()		
Name o	of Person	Area Code Daytime Telep	hone Number	
Enclosed is a check for t	he following amount:		<u> </u>	
□ \$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 Addres		Street Address:		
Registration S Division of C		Registration Section Division of Corporati	ions	
P.O. Box 632	27	The Centre of Tallaha	assee	
Tallahassee,	FL 32314	2415 N. Monroe Stre	et, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R BELL & J BELL 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 $\frac{06/25/21}{1}$ 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT BELL	4109 NW 88TH AVE, APT. #204	≣ Add
		CORAL SPRINGS, FL 33065	□ Remove
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<u>e:</u> If the date inserted in this bl	st be specific and cannot be prior to da lock does not meet the applicable department of State's records.	ate of filing or more than 90 days after fil statutory filing requirements, this d	ing.) Pursuant to 605,03 late will not be listed
cord specifies a delayed effectiv i filed.	re date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after t
ed			
	R. B-e.\\ Signature of a member or authorized	d representative of a member	
	Signature of a member of authorized	a representative of a member	

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