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# **COVER LETTER**

### Registration Section Division of Corporations

Name of Limi Amendment and fee(s) are sub-	ted Liability Company							
Amendment and fee(s) are sub-								
	mitted for filing.							
ndence concerning this matter	to the following:							
	Jack Coppola							
	Name of Person							
	WORTH A WASH LLC							
	Firm/Company							
1640 W	1640 W OAKLAND PARK BLVD, SUITE 303							
Address								
FORT LAUDERDALE, FL 33063  City/State and Zip Code  sophia@sasprinzivallicpa.com								
					E-mail address: (	to be used for future annual report notif	ication)	
					oncerning this matter, please ca	all:		
rinzivalli	954 616-6500							
f Person	Area Code Daytime	one Number						
ne following amount:								
☐ \$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					
	FOR  Sop  E-mail address: ( concerning this matter, please can be following amount:  Solution	Name of Person  WORTH A WASH LLC  Firm/Company  1640 W OAKLAND PARK BLVD, SUITE  Address  FORT LAUDERDALE, FL 33063  City/State and Zip Code sophia@sasprinzivallicpa.com  E-mail address: (to be used for future annual report notification processes and the state of the second paytime of the following amount:  The Sandon Filing Fee & Certificate of Status  Certificate Of Status  WORTH A WASH LLC  Firm/Company  Address  FORT LAUDERDALE, FL 33063  City/State and Zip Code sophia@sasprinzivallicpa.com  E-mail address: (to be used for future annual report notificate of Status  Formal Sandon Filing Fee & Certified Copy	Jack Coppola  Name of Person  WORTH A WASH LLC  Firm/Company  1640 W OAKLAND PARK BLVD, SUITE 303  Address  FORT LAUDERDALE, FL 33063  City/State and Zip Code sophia@sasprinzivallicpa.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  trinzivalli  f Person  at (					

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

		WASH LLC	WE 25.113	AH 6: 48
( <u>Name of the Lim</u>	ited Liability Com (A Florida Limite	pany as it now appe d Liability Company)	ars on our record	<u>s.</u> )
Articles of Organization for this Limited I la document number		ny were filed on _	08/05/2021	and assigned
imendment is submitted to amend the fol	lowing:			
amending name, enter the new name	of the limited liz	abil <u>ity company l</u>	<u>ierc</u> :	
ew name must be distinguishable and contain the	words "Limited Lia	bility Company," the	designation "LLC	" or the abbreviation "L.L.C."
er new principal offices address, if applicable:		N/A		<u> </u>
cipal office address MUST BE A STRE.	<u>ET ADDRESS)</u>		_ <del></del>	<u> </u>
r new mailing address, if applicable:		N/A		
ling address MAY BE A POST OFFICE	(BOX)			
amending the registered agent and/or tand/or tand/or the new registered office addroses and the Name of New Registered Agent:	•	e address on our	records, <u>enter</u>	the name of the new regis
New Registered Office Address:	N/A			
New Registered Wifee Fiducies.	<del></del>	Enter F!	orida street addres	EX
	, Florida		orida	
		City	<del></del> /	orida Zip Code
Registered Agent's Signature, if changing	Registered Ager	<u>nt:</u>		
eby accept the appointment as register	ed agent and a	orga to act in this	· canacity I fu	rthar auraa to comply wit

ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added noved from our records:

; =	M	an	ager
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# R = Authorized Member

	<u>Name</u>	Address 2471 SEP 13 AN 6: 48	Type of Action
;R	Jack Coppola	1640 W OAKLAND PARK BLVD. SUITE 303	<b>=</b> Add
		FORT LAUDERDALE, FL 33311	□ Remove
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If the da	e, if other than the date of the is listed, the date must be specificate inserted in this block does fective date on the Department	filing:
rd speciti iled.	ies a delayed effective date, bu	at not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l	September, 07	2021
	7	<del></del>