## LZ1000369069

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (Okyrotate/Ziph Hone »)                 |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| Division of Cor             |  |   |  |               |
|-----------------------------|--|---|--|---------------|
| SUBJECT: SU                 | per Sonic Car                                | Wash LC ted Liability Company   | ·<br>:   |               |
|                             | Amendment and fee(s) are subt                |   |  |               |
| Please return all correspo  | ondence concerning this matter               | to the following:   |  |               |
|                             | Miguel                                       | A. Fortes Name of Person  |  |               |
|                             | Super Se                                     | onic Car Wa   | shllc  |               |
|                             | 10804 W                                      | ain St.   |  |               |
|                             | thonotos                                     | assa Fl. 33<br>City/State and Zip Code                                    | 5592   | 7071          |
|                             | Xfortes19<br>E-mail address: it              | 84@amail.Co   | ification)   | PFC 2         |
| For further information c   | oncerning this matter, please ca             | ill:  |  | ~- <b>.</b> : |
| Migue                       | 1 A. Fortes                                  | at (8/3) 40<br>Area Code Daytim   | ne Telephone Number  | PH 2: 45      |
| Enclosed is a check for the | he following amount:                         |   | /  |               |
| □ \$25.00 Filing Fee        | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | 2) \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



November 30, 2021

MIGUEL A. FORTES 10804 MAIN ST. THONOTOSASSA, FL 33592

SUBJECT: SUPER SONIC CAR WASH LLC

Ref. Number: L21000369069

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete page 1 of the document.

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.

Letter Number: 621A00028694

TERARRA A SIMMONS OPS

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | <b>~.</b>  | صهيد في المالية                   |
|--|--|-----------------------------------|
| Super Sur  | · Car Wash LLC.  | 27                                |
| (Name of the Limit   | ed Liability Company as it now appears on our reco   | ords.)                            |
| `  | ry Frontia Cantica Calonity Company  |                                   |
| The Articles of Organization for this Limited Lia                | ability Company were filed on8 1   | 1 302 and assigned                |
| Florida document number <u>L2106036</u>                          | 9069   | ,                                 |
| This amendment is submitted to amend the follo                   | owing:   |                                   |
| A. If amending name, enter the new name of                       | the limited liability company here:  |                                   |
| The new name must be distinguishable and contain the wo          | ords "Limited Liability Company," the designation "I   | J.C" or the abbreviation "E.L.C." |
| Enter new principal offices address, if applica                  | ıble:  |                                   |
| (Principal office address MUST BE A STREE                        | T ADDRESS)   |                                   |
|  |  |                                   |
| Enter new mailing address, if applicable:                        |  |                                   |
| (Mailing address MAY BE A POST OFFICE I                          | BOX)   | <u> </u>                          |
|  |  |                                   |
|  | was a state of the | rule anton the name of the new    |
| B. If amending the registered agent and/or the new registered of |  | ros, enter the name of the new    |
|  | 140 / 1 -  | - /a-1                            |
| Name of New Registered Agent:                                    | Miguel Hingel  | fortes (CEO)                      |
| New Registered Office Address:                                   | Miguel Angel 1  10804 Main Street and Enter Florida street and   | tress                             |
|  | Thonotosaua.   | Florida <u>33592</u>              |
|  | Cuv  | 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>                       | Type of Action |
|--------------|------------------|--------------------------------------|----------------|
| AMBR_        | Miguel A. Fortes | 10804 Mainst.<br>Thonotosassa Fl. 33 | Badd           |
|              |                  |                                      | Remove         |
|              |                  |                                      | Change         |
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|              |                  | <del></del> ,                        | □Remove        |
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|              |                  |                                      | ПСh            |

| Effective date, if other than the date of filing:  11-3-2021  (optional)  If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 615.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The every specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  11-3-2021  May What How the signature of a member or authorized representative of a member  Miguel A Fortes  Typed or printed name of signee | _      |  |
|--|--------|--|
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| Dated 11-3-2021  My in 1- John Signature of a member or authorized representative of a member  | Note:  | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| My ill A- Lottes  Signature of a member or authorized representative of a member   |        |  |
| My Signature of a member or authorized representative of a member  | Dated  | 11-3-2021  |
|  | - 4.00 | mi dit toot n)   |
|  |        | //www.   |

Filing Fee: \$25.00