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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	AMPION SOFTE	JASH LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Daniel_	Name of Person	
	Daniel R	· Lewis Law Of Firm/Company	tre
		Address	
	Santid,	FL 3271 City/State and Zip Code	
	Dan-el De-mail address/to	and R Law Law. Co	C
For further information co	oncerning this matter, please ca	II:	
Name of	Person	at (386) 737 Area Code Daytin	- 5708 ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ection
Registration S Division of C		Division of Co	
P.O. Box 632	-	The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMPION SOFTWASH 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 9/21/2021	an	d assign	ned
Florida document number <u>L71</u> 004 18072			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
PINKY'S PROWASH LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviatio	on "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 na	 >> (/ ame:of th	≥ e liaw r	egistere
agent and/or the new registered office address here:	3-7		T
		- <<	
Name of New Registered Agent:	•)	<u>-</u> -	<u> </u>
N. D. Ca. J.Off. a. M. Laure		===	
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 addor removed from our records:

MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·			□Add
			□Remove
			□Change
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lf an eff Note:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 3. 2022.
	Signature of a member or authorized representative of a member
	ρ_{1}

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Filing Fee: \$25.00