L21000424569

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COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			
	CAR WASH AND DETAILIN	G LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PEREZ, RAHINELL		
		Name of Person	
		Firm/Company	
	6050 BUCHANAN ST		· · · · · · · · · · · · · · · · · · ·
	HOLLYWOOD, FL 3302-	Address	
		City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
PEREZ, RAHINELL		786 9928572 at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 Address Registration S		Street Address: Registration Sect	ion
Division of C	Corporations	Division of Corp	orations
		The Centre of Ta	llahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A Fi	ability Company lorida Limited Lia	as it now appears on our reco bility Company)	ords.)
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on 09/27/2021	and assigned
Florida document number 1.21000424569			
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liabilit	ty company here:	
RAHWASH DETAILING LLC			
The new name must be distinguishable and contain the words	Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6050 Buchanan St Apt B	
Principal office address MUST BE A STREET ADDRESS)		Hollywood, FL	
Enter new mailing address, if applicable:			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
3. If amending the registered agent and/or regist gent and/or the new registered office address he	e <u>re</u> :	dress on our records, <u>ent</u>	er the name of the new regi
Name of New Registered Agent: Po	erez, Rahinell		
New Registered Office Address: 60	050 Buchanan S	`	
		Enter Florida street add	ress
<u>H</u>	lollywood, FL	<u> </u>	Florida 33024
		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 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
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		<u></u>	□Add
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and can block does not meet	the applicable s	of filing or more tha	(optional) n 90 days after filing.) irements, this date v	Pursuant to 605,0207 (3 will not be listed as th
he record specifies a delayed effec ord is filed.	ive date, but not an e	effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day after the
	2	024			
October 1st					
Dated October 1st	<u> </u>	····································			
Dated October 1st	Signature of a mem	ber or authorized	representative of a n	ember	

Filing Fee: \$25.00