L21000432509

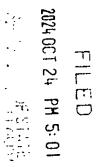
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

:O:

Division of Corpo	orations .	•		
CAR WASH	COMPANY, LLC			
SUBJECT:	Name of Limited	Liability Company		
The enclosed Articles of A	mendment and fee(s) are submit	ted for filing.		
	dence concerning this matter to			
	TN MURPHY, JR, ESQ.			
		Name of Person		-
	,	Name of Person	•	•
	TN MURPHY, JR., P.A.	· · · · ·		_
		Firm/Company		
	4800 N FEDERAL HIGHWA	AY, SUITE E-100	•:	
•	:	Address		
	BOCA RATON, FL 33431	ing the second of the second o	:	
		City/State and Zip Code		•
	peterkraft@kraftnissan.com; c	hriskraft@kraftnissan.com	•	
• .	E-mail address: (to l	be used for future annual report r	otification)	
For further information cor	ncerning this matter, please call:			
TN MURPHY, JR., ESQ.		561 391-1900 at ()		
Name of I	Person	Area Code Day	time Telephone Numbe	r
		٠.	•	
Enclosed is a check for the	following amount:			•
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	· Certified	ate of Status &
Mailing Address: Registration So		Street Address Registration	Section	
Division of Co		Division of C	Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAR WASH COMPANY, 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 10/04/2021 and assigned Florida document number L21000432509 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

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	Dawn A. Kraft and/or P D. Kraft, Sr., Co-Trust	eterees	≅Add
	of the Dawn A. Kraft Tr		□Remove
			Change
AMBR	Kellie A. Kraft and/or Christopher J. Kraft,	215 W. College Avenue, Apt. 1002	⊟ Add
	Co-Trustees of the Kell A. Kraft Trust Agreemen Dated June 5, 2023		Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			bba©
			□ Remove
			□ Change
			□Add
			CRemove
			Change
			□Add
			□Remove
			□ Change

No.		
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Filing Fee: \$25.00