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(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
04145 442 2721		xpress Orlando No. 1 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Picase return	all correspo	ndence concerning this matter	to the following:	
		Ann Berry		
			Name of Person	
			Firm√Company	
		22461 Interstate 30 S Suite	, ,	
			Address	
		Bryant, AR 72022		
			City/State and Zip Code	
		ann@sjlauto.com		
		E-mail address: (to be used for future annual report not	tification)
For further in	iformation co	oncerning this matter, please ca	all;	
Ann Berry			501 481-8090 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	S30.00 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)
	iling Address gistration S		<u>Street Address:</u> Registration Se	ection
	_	orporations	Division of Co	
). Box 632	=	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tommy's Express Orlando No 1 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 October 25, 2021 and assigned Florida document number L21000463504 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sunshine Express Carwash No 1 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

City

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
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		<u> </u>	□Remove
			□Change
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ective date, if other than the da	ate of filing: December 1, 2021	(optional)	
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