L22000018413

(Reque	stor's Name)	
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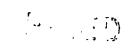
of 6/19/2022

COVER LETTER

	legistration Se Division of Cor			
CIID ITZYI				
SOBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	irn all correspo	L SERVICE SOFT WASH LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: GAGE HUMENY Name of Person FULL SERVICE SOFT WASH LLC Firm/Company 2106 35TH AVE Address VERO BEACH, FL 32960 City/State and Zip Code TAMMY A I TAX@GMAIL.COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: S Name of Person at (772		
		GAGE HUMENY		
			Name of Person	
		FULL SERVICE SOFT W	ASH LLC	
			Firm/Company	
		2106 35TH AVE		
			Address	
		VERO BEACH, FL 32960)	
			City/State and Zip Code	
		_		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please co	all:	
TAMMY	HARRIS			
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed i	s a check for th	ne following amount:		
\$ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
\overline{R}		Section	Registration Se	
P	.O. Box 632	7	The Centre of T	Γallahassee
T	`allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR 29 PH 12: 24

FULL SERVICE SOFT WASHILLC

(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 vi Florida document number <u>L22000018413</u>	were filed on 01/06/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the a	obreviation "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 adapted and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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>	Address	Type of Action
MGR	CHRISTOPHER D MARSHALL	2812 NE 2ND PL	■Add
		CAPE CORAL, FL 33909	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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Effectiv	ve date, if other	than thudataz	d filings				(option	alı	
(If an effe Note: 1	ective date is listed, the lift the date inserted	he date must be spe I in this block do	cific and can es not meet	the applical			days after fil	ing.) Pursuant to	
docume	ent's effective date	on the Departm	ent of State	s records.			•		
he record ord is file	l specifies a delaye	ed effective date.	but not an e	effective tin	ne, at 12:01 a	.m. on the ear	lier of: (b)	The 90th day	after the
Dated _	APRIL 26		20	022					
		\overline{M}							
	- 21 û c. 9-	1)//							
	daes	Signate	ire of a mem	ber or author	ized represent	ative of a memb	er		_

Filing Fee: \$25.00