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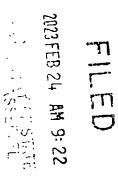
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COVER LETTER

Division of Corporations					
SUBJECT: Safe Wash of South Florida L.L.C. Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
David Edwards Name of Person					
Safe Wash of South Florida U.C.					
12470 Pipit Ave.					
BNOKSVILL, FL 3444 City/State and Zip Code Safewah Sf Damail Lam E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
David Edwards Name of Person at (352) Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\times \text{Solutional copy is enclosed}\$\text{Solutional copy is enclosed}\$\$\$25.00 Filing Fee \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$					

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on <u>113112022</u> Florida document number _L 220005 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 "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 , Florida _

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 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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Change
			□Add
			Remove
			□Change
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D. If amending any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and of Note: If the date inserted in this block does not me document's effective date on the Department of States.	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) are the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not a record is filed.	in effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Florian 20 Dated Dated Edward Signature of a m	2013. The sember of authorized representative of a member
David Edward	Typed or printed name of signee