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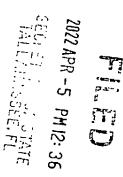
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of 4/21/2022

COVER LETTER

•	-		COVERLETTER		
ΓO: i	Registration Sc Division of Cor	ection epocations			
CU'D IEC"	CORPORA	CION ROJAS & ROJAS, LLO			
SOBJEC	·	Name of Lur	ited Liability Company		
The englo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	ondence concerning this matter	to the following:		
		MARIA LEONARD			
			Name of Person		
		FENIX SERVICES INC			
			Firm/Company		
		11286 SW 160TH CT			
			Address		
		MIAMI, FL 33196			
			City/State and Zip Code		
		fenixservicesine@gmail.com E-mail address: (n to be used for future annual re	port notification)	
For furthe	r information c	oncerning this matter, please c			
MARIA I	EONARD		786 728-0		
	Name o	f Person	Area Code	Daytime Telephor	ne Number
Finclosed	is a check for th	ne following amount:			
□ \$25.0	0 Filling Fee	S30.00 Filing Fee & Certificate of Status	El \$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 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

FILED

CORPORACION ROJAS & ROJAS, LLC

2022 APR -5 PM 12: 37

(Name of the Limited Liability Comp.	iny as it now appears on our re-	cords:
(<u>Name of the Limited Liabitity Comp</u> (A Florida Lumited	глаонку Сопірану)	TALEAUASSEE, FI
The Articles of Organization for this Limited Liability Company		
Florida document number L22000110593		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
REY TRUCK WASH SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13720 SW 259TH ST	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) HOMESTEAD, FL 33032		
Enter new mailing address, if applicable:	13720 SW 259TH ST	
(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33032	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street na	idress
		, Florida
	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
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ective date, if other than the effective date is listed, the date must eg. If the date inserted in this bloument's effective date on the De	ck does not meet th	ы applicable str	of filing or more than stutory filing requi	(optional) 90 days after filing.) Pur rements, this date will	suant to 605.020 not be listed a
cord specifies a delayed effective s filed.	date, but not an eft	fective time, at	12:01 a.m. on the c	arlier of: (b) The 90	th day after the
ed MARCH 24	202				
	R				
	Signature of a membe				