

L22 000110 593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

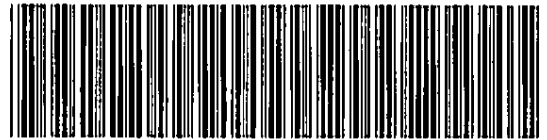
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATIONS
22 MAY 23 AM 8:55

T. MATTHEWS

JUL 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REY TRUCK WASH SERVICES, LLC

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:

MARIA LEONARD

Name of Person

FENIX SERVICES INC

Firm/Company

11286 SW 160TH CT

Address

MIAMI, FL 33196

City/State and Zip Code

FENIXSERVICESINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA LEONARD

Name of Person

786 728-0760
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>RENIER MORENO DIAZ</u>	<u>13720 SW 259TH ST</u>	<input checked="" type="checkbox"/> Add
		<u>HOMESTEAD, FL 33032</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>HECTOR ROJAS VILLAMIZAR</u>	<u>20950 SW 242ND ST</u>	<input type="checkbox"/> Add
		<u>HOMESTEAD, FL 33031</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>JESUS A ROJAS</u>	<u>20950 SW 242ND ST</u>	<input type="checkbox"/> Add
		<u>HOMESTEAD, FL 33031</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>MARIA A ROJAS</u>	<u>20950 SW 242ND ST</u>	<input type="checkbox"/> Add
		<u>HOMESTEAD, FL 33031</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____



Signature of a member or authorized representative of a member

MARIA LEONARDI

Typed or printed name of signee