## h22000231745

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

<del></del>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adrian Carrington			
		Name of Person		
		Firm/Company		
	20230 nw 4 ave			
	miami, florida 33169	Address		
		City/State and Zip Code		
	carrautospa@gmail.com			
	E-mail address: (	to be used for future annual	report notification)	, , , , , , , , , , , , , , , , , , ,
For further information c	oncerning this matter, please ca	all:		
Adrian Carrington		at ()	53027	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			1 1 10
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc	Certifical Certified	te of Status &
Mailing Addres		Street A	ddress: ation Section	
Registration Section Division of Corporations			n of Corporations	
P.O. Box 632			ntre of Tallahassee	
Tallahassee FI 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X.K.J.C. HOLDINGS 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 Cor	npany were filed on May 18,202	and assigned
Florida document number L22000231745	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Carr Auto Spa LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duti nt as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

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Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Department.	ck does not meet the appli	cable statutory filing require	(optional) Odays after filing.) Pursuant to 605.0207 (ments, this date will not be listed as t
e record specifies a delayed effective rd is filed.	date, but not an effective	time, at 12:01 a.m. on the ear	tier of: (b) The 90th day after the
June 14 Dated	2022		
(6	Danial (2)	<del></del> -	
	Signature of a member or auth	norized representative of a memi	Der
•	,	•	