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## **COVER LETTER**

TO: Registrat Division	tion Section of Corporations		
PAL SUBJECT:	M BEACH SOFTWASH LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sul	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	SALVADOR ANZARUT		
		Name of Person	
	PALM BEACH SOFTWA	ASH LLC	
	<del></del>	Firm/Company	
	2945 WINDSWEPT DR	203	
	<del> </del>	Address	<del></del>
	LAKE WORTH/FLORID	A 33462	
	saz0406@hotmail.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report notific	ration)
For further informa	ation concerning this matter, please c	all:	
SALVADOR ANZ	ZARUT	561 6759077	
?	Name of Person		Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u>		Street Address:	
	ition Section	Registration Secti	
Division	of Corporations	Division of Corne	arations

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FII ED 2023 JAN -4 AH 9: 26

PALM BEACH SOFTWASH 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 Company	were filed on 06/20/20	222 and assigned
Florida document number L22000280302		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
SUNSHINE STATE SOFTWASHERS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	Iny Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2790 MOORING CT	APT 107, LANTANA FL 33462
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2790 MOORING CT	APT 107, LANTANA FL 33462
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our record	ls, enter the name of the new registered
New Registered Office Address.	Enter Florida str	veet address
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar with and er 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
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			□Remove
			Change
			□Add
			□Remove
			□Change
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	DECEMBER 8TH	. 2022			
Signature of a member or authorized representative of a member	Signa	ture of a member or authori:	zed representative of	a member	<u>.</u>
SALVADOR ANZARUT	SALVADOR ANZARUT				

Filing Fee: \$25.00