(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	MAR - 2 2023	

Office Use Only



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FLORIDA ÇAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	•
Please use funds from this account: 120210000160: Authorization Signature:	\$ 55.00
Thumpers Express Car Wash Enterprises LLC	L22000446364
BUSINESS NAME	DOCUMENT #
X_Certified Copy of Articles of Organization Certificate of Status	ARABATERIDIMERITS
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDIssolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLE Country	Other
EXAMINIER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
Please use funds from this account: 120210000160: Authorization Signature:	<u>\$ 55.00</u>
Thumpers Express Car Wash Enterprises LLC	L22000446364
BUSINESS NAME	DOCUMENT #
X_Certified Copy of Articles of Organization Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit CorpNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent DIssolution Merger Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTILLE Country	Other
EXAMINIER'S INITIALS:	

COVER LETTER

TO: Registration Sec Division of Corp			
Thumpers E	xpress Car Wash Enterprises LI	LC .	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Sam C. Caliendo		
		Name of Person	
	Sam C. Caliendo, PA		
		Firm/Company	
	3170 N. Federal Highway,	Suite 207	<u></u>
		Address	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	
	Lighthouse Point, Florida 33	064	
	E-mail address: (t	o be used for future annual report notif	hcation)
For further information of	concerning this matter, please ca	ત્રી:	
Sam C. Caliendo		954 941-8455 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	
Division of	Corporations	Division of Co The Centre of	
P.O. Box 63			pe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z

(Name of the Limited Liability Con (A Florida Limite	ipany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on Oc	tober 17, 2022	and assigned
Florida document number L22000446364			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company he	ere:	
Wash Entermises IIC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<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 off agent and/or the new registered office address here:	ice address on our	records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:	·		
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	l
·	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>	Name	Address	Type of Action
	·		□Add
			□Remove
	·		Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	•		Change
	·		□Add
			□Remove
		·	□ Change
·.	The second secon		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_,	
 _	
	
-	
<u></u>	
	e date, if other than the date of filing:
ord is file	
	3/1/23 Blung Pres Signature of a morber or authorized representative of a member
Dated _	

Filing Fee: \$25.00