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A. RIVERS

JAN 2 7 2023

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	AR WASH LLC		
SUBJECT:	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:	
	MARISOL MARTIN DIA	Z	
		Name of Person	
	ELOHIM CAR WASH LL	C	
		Firm/Company	 _
	4305 FOSS RD		
		Address	
	LAKE WORTH, FLORID	A 33461	
		City/State and Zip Code	
	CLMULTISERVICE1@GM		
	·	to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please co	all:	
MARISOL MARTIN D	IAZ	561 932-8623	
Name o	f Person	at () Area Code Daytime Te	lephone Number
Enclosed is a check for the	ha Callangina amanut		
	_	T \$55 MO THE LETT B	
■ \$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 Addres</u>	ss:	Street Address:	
Registration !	Section	Registration Section	
Division of C	Cornorations	Division of Corner	rations

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32303

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

ELOIM CAR WASH LLC					
(Name of the Lin	ited Liability Cor (A Florida Limit	npany as it now appered Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Florida document number		nny were filed on _	10/28/22	and as	ssigned
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited li	<u>iability company l</u>	tere:		
ELOHIM CAR WASH LLC					
The new name must be distinguishable and contain the	words "Limited Li	iability Company," the	designation "LLC" or the	abbreviation "!	L.C."
Enter new principal offices address, if appli	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS,	<u> </u>			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	E BON)		<u> </u>	7022 SEC	
			;	VO.	
B. If amending the registered agent and/or agent and/or the new registered office addr		ce address on our	records, <u>enter the na</u> !	me of the no	wiregister
Name of New Registered Agent:	N/A				·
New Registered Office Address:		Enter Flo	orida street address	<u> </u>	
			121		
		City	, Florida _	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>	<u>Address</u>	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			🗀 Remove
			□Change
		 	□Add
			□Remove
			□Add
			□Remove
			🖺 Change
			[]Remove
			Change
-		 	□Add
		 	□Remove
			□ Change

Fective date, if other than the date of filing:	_	N/A
nte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. 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 is filed. ated 11-01- , 2022.		
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		· ·
Signature of a member or authorized representative of a member		11-01- 2022
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	ated	

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