

L220000487229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

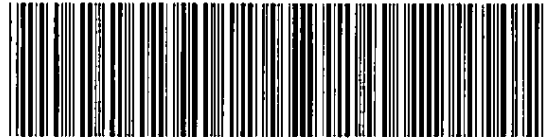
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500416417835

09/29/23--01011--014 **25.00

FILED
2023 SEP 29 PM 3:23
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

VW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Navarre Car Wash 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:

Kiel Cannon
Name of Person

Firm/Company

4505 Fishermans Point Dr
Address

Milton FL 32583
City/State and Zip Code

Kiel Cannon@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiel Cannon at (720) 456 9056
Name of Person 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

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

Navarre Car Wash 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 11/14/22 and assigned Florida document number 622000487229.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1910 Navarre School RD # 5213
Navarre FL 32566

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kiel Cannon

New Registered Office Address:

1910 Navarre School RD # 5213

Enter Florida street address

Navarre

City

Florida

32566

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kiel Cannon	1910 Navarre School Rd # 5213	<input type="checkbox"/> Add
		Navarre FL 32566	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jennifer Cannon	1910 Navarre School Rd # 5213	<input type="checkbox"/> Add
		Navarre FL 32566	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	William G. Aisy	1910 Navarre School Rd # 5213	<input type="checkbox"/> Add
		Navarre FL 32566	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Linda M. Aisy	1910 Navarre School Rd # 5213	<input type="checkbox"/> Add
		Navarre FL 32566	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9-25 23

Signature of a member or authorized representative of a member

Kiel Cannon
Typed or printed name of signee