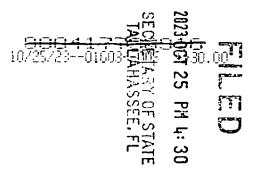
L23000135604

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000417790910



KH 11/2/23

COVER LETTER

TO: Registration Se Division of Cor			
	he Plaza LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Paulo Cumino		
		Name of Person	
_	FlipWash		
		Firm/Company	202 SE
	2901 Ponce de Leon		2023 OCT 25 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FL
		Address	
	Coral Gables, FL, 33134		TARY OF AHASSE
		City/State and Zip Code	E S
	jremolina@carwashpoints.		30 FL
	E-mail address: (to be used for future annual report notificati	on)
For further information c	oncerning this matter, please o	all:	
Juan Gabriel Remolina		786 4426086	
Name o	f Person		ephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S		Street Address: Registration Sectio	n
Division of C		Division of Corpor	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flipwash The Plaza LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited I	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I	iability Company	were filed on August	30, 2023 and assign	
Florida document number L23000135604	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		234 Seaview Dr		
(Principal office address MUST BE A STRE	Key Biscayne, FL 33149			
			·	
Enter new mailing address, if applicable:	234 Seaview Dr			
(Mailing address MAY BE A POST OFFICE	Key Biscayne, FL 33	149		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	•		ls, enter the name of the new r	
	234 Seaview D	er.		
New Registered Office Address:	ZJ- GCAVICW D	Enter Florida str	reet address	
	Key Biscayne,		, Florida	
		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 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>	Type of Action
MGR	Juan Gabriel Remolina	234 Seaview Dr, Key Biscayne, FL, 33149	≡ Add
			□ Rетюче
			□ Change
MGR	Paulo Hiraoka Cumino	2640 NW 84TH AVE DORAL, FL 33122	□ Add
			Remove
			∰Ch E e
MGR	Marco Antonio Mariano Lacombe	245 NE 14TH ST, APT 1712 MIAMI, FL 33132	00【27 Add27
			S S Remedie
		· · · · · · · · · · · · · · · · · · ·	THE hank
			□ Add
			□Remove
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			🗀 Add
		····	□Remove
			□Change
			□Add
			□Remove
			Change

Dated	~-· <u>·</u>	, 	-						
If the record speci- record is filed. Dated	fies a delayed effective date, b August 30	ut not an e	ffective time	e, at 12:01 a.i	m. on the earl	icr of: (b) TI	ne 90th day a	fter the	
(If an effective danger of the content of the conte	re, if other than the date of ate is listed, the date must be speci date inserted in this block does frective date on the Departmen	fic and cann s not meet (nt of State)	the applicab s records.	le statutory fi	lling requiren	ents, this date	e) Pursuant to 6 will not be l	isted as t	(3)(b) the
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							FL	: 30 	
							ALL HASSEE	3 OCT 25 PM 4:	
							ري سات	2023	
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Filing Fee: \$25.00