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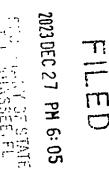
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Divis	sion of Cor	porations		
C		he Plaza LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Juan Gabriel Remolina		
			Name of Person	·
		Flipwash The Plaza LLC		
			Firm/Company	
		234 SEAVIEW DR		
			Address	
		KEY BISCAYNE, FL 331	49	
			City/State and Zip Code	
		jremolina@carwashpoints.c		
		E-mail address: (to be used for future annual report no	tification)
For further inf	formation co	oncerning this matter, please ca	all:	
Juan Remolin	a		786 442-6086	
	Name of	Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address Istration S		Street Address: Registration Se	ection
Divi	sion of C	orporations	Division of Co	rporations
P.O.	Box 632	7	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		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	 _
The Articles of Organization for this Limited Liability Comp Florida document number 1.23000135604.	any were filed on 03/16/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "ELC" o	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 offi agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	PILE PR 6: Rw register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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>	Address	Type of Action
MGR	Nicolas Paerez	345 FORESTWAY CIR, #106	≣ Adđ
		ALTAMONTE SPRINGS	□Remove
		F1. 32701	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
		 	□Add
			Remove
			□ Change

Effective date, if other than the date of filing: If an effective date is lined, the date must be specific and cannot be grier to date of filing or more than 90 days after filing.) Pursuant to 605-020 Notes: If the date inserted in this block does not meet the applicable statutory liling requirements, this date will not be listed as document's effective date on the Department of State's records. The 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 ord is filled. Dated December, 20 2023 Signature of a member or authorized representative of a member				
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:	·			
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				
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	December, 20 Dated	2023		
Signature of a member or authorized representative of a member		·		
Signature of a member of authorized representative of a member	e:			
	51	gnature of a member of authoriz	red representative of a memn	PCI
	-	Typed or printed	name of signee	

Filing Fee: \$25.00