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COVER LETTER

	Registration Se Division of Cor				
eun iec		LAND MOBILE CAR WASH			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		NIXON FILS-AIME			
			Name of Person	•	
			Firm/Company	-	
		220 W ARBOR AVE	- · · · · ·	_	
			Address		
		PORT ST LUCIE, FL 349	52	*	260
			City/State and Zip Code		رُد ت
		FILSAIMENIXON@GMA		٠.	:
		E-mail address: (to be used for future annual report notification)	,	<u>ر</u> ري
For furthe	er information c	oncerning this matter, please c	all:		;;;;
MIRIAME FILS-AIME			772 777-0069 at ()		를 - 33
	Name o	f Person	Area Code Daytime Telephone Number	:	io
Enclosed	is a check for th	ne following amount:			
⊠ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Fi Certified Copy Certifica (additional copy is enclosed) Certified (additional	te of St Copy	tatus &
_	Mailing Addres		Street Address:		
	Registration S Division of C		Registration Section Division of Corporations		
	P.O. Box 632	-	The Centre of Tallahassee		
	Tallahassee l		2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMISE LAND MOBILE 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	v were filed on 5/17/23	and assigned		
Florida document number 1.23000242098	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation, "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		·· <u>·</u>		
		S)		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>		
maning dudiess MAT BE AT OUT OF FICE BOAY				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, ent	er the name of the new registered		
New Registered Office Address:	F Fl . I			
	Enter Florida street address			
	City	Florida		
	•	Zip Coae		
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	e performance of my duties,	and I am familiar with and		

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	NIXON FILS-AIME	220 W ARBOR AVE	≅ Add
		PORT ST LUCIE, FL 34952	□Remove
			□Change
MGR	MIRIAME FILS-AIME	220 W ARBOR AVE	
		PORT ST LUCIE, FL 34952	□Remove
MGR	JOSHUA FILS-AIME	220 W ARBOR AVE	□Add
		PORT ST LUCIE, FL 34952	Remove
			b6A□
			© Remove
			□ Change
			Remove
			□Change
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			Change

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ctive date, if other than the	data of Glinari		(ont	ional)
effective date is listed, the date mus	t be specific and cannot be p	rior to date of filing or	more than 90 days after	er filing.) Pursuant to 605.0
: If the date inserted in this bloment's effective date on the Do	ock does not meet the appeartment of State's reco	olicable statutory fil rds.	ling requirements, th	is date will not be listed
	•			
ord specifies a delayed effective	e date, but not an effectiv	e time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after t
filed.				
MAY 23	2023	,		
d	,	 -		
7-0				

Filing Fee: \$25.00