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(Re	equestor's Name)
(Ac	idress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bı	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	



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Office Use Only

C/ 7/25/2023

COVER LETTER

Division of Corporations
SUBJECT: ECOWAGH LUXURY Car Detailing LLC. Name of Limited Mability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Condy P. Ganchez Angarita. Name of Person
Ecowash luxury Car Detailing UC
3201 NW 4th Terrace Apt 61
Pompano Beach FL 33064 City/State and Zip Code +ds O+ds Financycl.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 855-8879 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

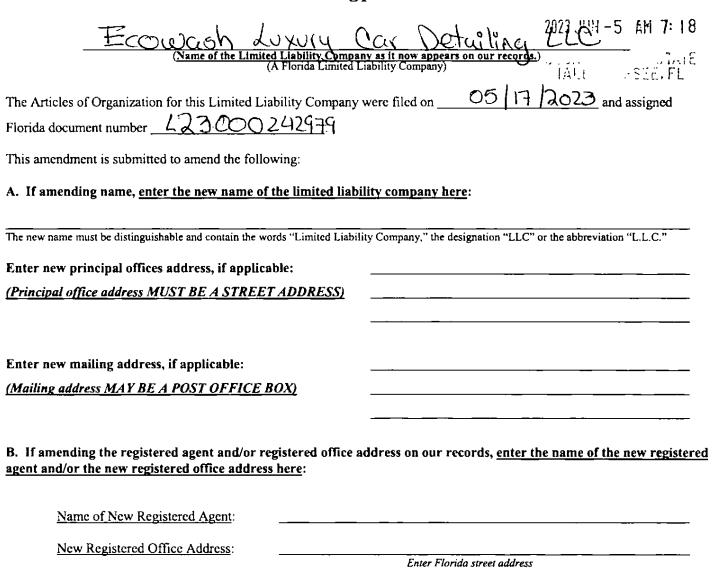
TO:

Registration Section

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



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.

City

, Florida _

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
AMBR	Paula Surrez Torre	301 NW 4th Terrace	JAdd
		HP461	CRemove
		Pompano Beach, FL 33	Change
			🗆 Add
			□Remove
			□Change
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		□Ren	□Remove
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fan effective da <mark>Note:</mark> If the da	e, if other than the date of filing:	
record specifi d is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated	May 24, 2023.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00