

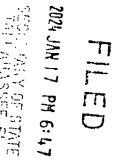
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COVER LETTER

TO:	Registration Se Division of Cor							
CHINE	SUBJECT: WHOO CAN WASH LLC							
SUBJE	X.1:		ited Lusbibty Company					
The en	though Articles of	Amendment and fee(s) are sub	mitted for filme					
		ondence concerning this matter	-					
	·	-						
			Ronie Louijene					
			Name of Person					
			FirmeCompany					
	6742 Forest Hill Blvd #343							
			Address					
		Gre	enacres, FL. 334	13				
			City/State and Zip Code					
		whoocan E-mail address: (roadsiderescue@	gmail.com				
For fur	ther information c	oncerning this matter, please ca						
	Ronie L	.ouijene	a(<u>561</u>) 2	53-4086				
		f Person		sytime Telephone Number				
Enclose	ed is a check for th	ne following amount:						
X (S2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address Registration 5 Division of C	Section orporations		n Section [*] Corporations				
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

WHOO CAN WASH LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(24 F ROTHER	mined manny compan	21		
The Articles of Organization for this Limited Liability Conference L23000309138	ompany were filed on	06/27/2023	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit WHOO CAN ROADSIDE RESCUE The new name must be distinguishable and contain the words "Limit	ELLC		the abbreviation "L	16" "
Enter new principal offices address, if applicable:		· - ·		
(Principal office address MUST BE A STREET ADDR	ESS)			,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2024 JAN 17 PH 6:	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on ou	r records, <u>enter the</u>	–≥ -	w registere
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter i	Enter Florida street address		
	, Florida			
·	City		Lip Cinle	
New Registered Agent's Signature, if changing Registered	<u>l Agent:</u>			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agong filed to merely reflect a change in the registere	implete performance gent as provided for i	of my duties, and L n Chapter 605, F.S.	am familiar wi Or, if this doc	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□ Add
			[_]Remove
			□Change
	•		□Add
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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			□Remove
			(TlCbange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. If 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 record is filed. January 9th Dated _ Signature of a member or authorized representative of a member Ronie Louijene Typed or printed name of signee

Filing Fee: \$25.00