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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: OCE	anside Soft	Wash IIC	
Sobsticit. Occ	Name of Lin	rited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Brando	on Cardelli Name of Person	
	<u>Oceansicl</u>	e Soft Wash, L	LC SEC
	4 Hidden	Treasure Drive	SECULLARY AND SECURITIES.
	Palm Co	Oast, FL 321 City/State and Zip Code	37
		50ftwash17@g	Imail-com # 8
For further informatio	n concerning this matter, please c	all:	
Denene (Cardelli	at (<u>815</u>) <u>245</u> .	1617 e Telephone Number
, van	e of retain	Aica Civic Dayuni	e reteptione realiser
Enclosed is a check for	r the 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ish, LlC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our rec liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000439485</u> .	were filed on 9-21-	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u> .	
(Principal office address MUST BE A STREET ADDRESS)		2023 SEC
		<u> </u>
Enter new mailing address, if applicable:		\tilde{n}^{-1}
Mailing address MAY BE A POST OFFICE BOX)		
		그된 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	. • •
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	aress
	City	, Florida
Now Boristand Agent's Signature if showing Degistered Agent.	Cuy	гір Сойс

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
AMBR	Denene Cardelli	4 Hidden Treasure Dr. Palm Coast, FL 32137	□Add
			Remove
			□Change
MGR	Denene Cardelli	4 Hidden Treasure Dr. Palm Coast, FL 32137	Add
			□Remove
		INC.	Change
			SEIAdd 1
			Remove
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
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Tective date, if ot an effective date is list ote: If the date insecument's effective	erted in this bloc	k does not mee	et the applica	23 o date of filing ble statutory	or more than filing requir	(opti 90 days after ements, thi	o nal) -filing.) Pu s date wil	rsuant to t Enot be I	605.020 listed a
record specifies a de	layed effective o	date, but not an	effective tin	ne, at 12:01 a	.m. on the e	arlier of: (b) The 90	Oth day a	fter the
		7 th	2.023						
aled <u>Septem</u>	ber								