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SECREDIAN OF STATE

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COVER LETTER

TO: Registration Solution of Cor			
SUBJECT: CAP	WASH Near	· Me LLC.	
	Name of Limite	d Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Kenin Ze	ca	
	Kovin Ze	Name of Person	
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	Vol. of Co.	Pear Me [ن ک
	8000 1	DE CAMON ALKO	305B AM 10: 22
	- Company	DE CAMPO Blug.	3000
	THEFRE ! IT	23321 City/State and Zip Code	
		-o. CARWASH NEAS	erie grant con
	E-mail address: (to	be used for future annual report notil	ication)
For further information c	oncerning this matter, please call	:	
MARISA		.445. 993	- 8518
	f Person	at (<u>945</u>) <u>993</u> Area Code Daytimo	Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of T	
Tallahassee, I			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	le UC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L23000456083}$.	were filed on $\frac{1 \circ / \circ 1}{2}$	3 / 2 ^{の2} 3 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:	
ZEA CO. LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	800 & 1Agos	DE CAMPO BIVD. 305B
(Principal office address MUST BE A STREET ADDRESS)	TAPLAPAC, FL	33371
	_ NA	202l
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		2024 HAR -8 AN IO:
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>ent</u>	$\exists z_i^\omega = \omega$
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street add	ress
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:	viņ	zip Code
new registeren agent s Stonattire. It enanging registeren agent:		

Thereby 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>	Name	Address	Type of Action
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
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effective date is b	other than the date of sted, the date must be spe	ecitic and cannot be p	prior to date of filin	g or more than 90 day	s after filing.) Pur	suant to 605.020
ument's effectiv	serted in this block do e date on the Departm	ent of State's reco	pricable statutory ords.	r ining requirement	is, this date with	not be fisted as
record specif	ies a delayed effe	ctive date, but	: not an effect	ive time, at 12:	:01 a.m. on	the earlier o
he 90th day	after the record is	filed.				
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	Signat	ure of a member or	authorized represer	itative of a member		

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