

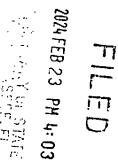
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## **COVER LETTER**

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Tallahassee, FL 32314

то:	Registration Section Division of Corpor		4		•			
	: 01/5.	1 - de 15 - 6 d D	MACH LIC	•	í			
SUBJE	ct: Kist V	) SHINE CAR	ited Liability Company					
		(Name of Em	Red Diability Company					
The end	losed Articles of Am	endment and fee(s) are sub	mitted for filing.					
Please i	eturn all corresponde	nce concerning this matter	to the following:					
		WOODBU <b>R</b> N	, CHRISTOPHER	,				
			Name of Person		<del></del>			
		RISE N SHIN	E CAR WASH	LLC				
			Firm/Company					
		512 ALTAR	A AVE					
			Address		· · · · · · · · · · · · · · · · · · ·			
		MIAMI, FL.	33146					
			33146 City/State and Zip Code		<del></del>			
	_	chris@made	ragrowth scors		<u> </u>			
For furt	her information conc	erning this matter, please ca		report nonneation)				
ربن	ODBURN, CH	HRIS TOPHEL	at ( <u>305</u> ) Area Code	610 - 48	22			
	Name of Per	rson	Area Code	Daytime Telepho	one Number			
Enclose	d is a check for the fo	ollowing amount:						
<b>⊠ \$</b> 25	i.00 Filing Fee [	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address:		Street A					
	Registration Sec Division of Corp			ation Section n of Corporatio	nne			
	P O Box 6327	OTATIONS	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISENSHINE CAR WASH		<del></del>	<u>.                                    </u>		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	ars on our records.	.)		
he Articles of Organization for this Limited Liability Company lorida document number <u>L230</u>	were filed on	11/07/20	23	_ and ass	signed
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company h	<u>iere</u> :			
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC"	or the abbrev	viation "L	.L.C."
nter new principal offices address, if applicable:		<del></del>			
Principal office address MUST BE A STREET ADDRESS)		****	77	202	
				<u> </u>	T
				⊘	ļ
nter new mailing address, if applicable:				ယ	; <del></del> -;
Mailing address MAY BE A POST OFFICE BOX)				3	
rading address may be a rost of the boar			<del>- 715</del>	<del></del>	<u> </u>
	-			သ	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our	records, <u>enter t</u>	he name o	f the ne	w regis
Name of New Registered Agent:			· · ·		
New Registered Office Address:					
	Enter Flo	orida street address Flor	ोda	-	
	Citv	, 1 101		Zip Code	

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

4	SEE	ATTAC HE	D SH	'EET 1	cmovi	na MGR	Z Á	Zaskin	Colin	From	entity.
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ffective da	te, if of	ther than the d	late of fi	ling:		42			(opt	ional)	ursuant to 605.0207
											Il not be listed as
		date on the Dep									
	fies a d	elayed effective	date, but	not an e	ffective ti	me, at 12:0	l a.m.	on the ea	rlier of: (	b) The 9	Oth day after the
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		1/2 1/2									
_		1 S	ignature o	f a memb	oer or autho	orized repres	entative	of a mem	ber		
		•									
	w	DOBURN,	CHRI	STOP	HER						
				Typ	ed or printe	d name of s	ignee				

Filing Fee: \$25.00

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
MCR	Raskin, Colin	47 CATEPUT DRIVE	
		NAPLES, FL 34108	DARemove
			□Change
			□ Add
			□Remove
			□Change
<del></del>			
			□Remove
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			□Remove
			□Change