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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BA	LLOONS ORLAN	100 / 1-C	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andre	Name of Person	
		Firm/Company	
	710 R	IVING UN AVE	
		ARY, FL, 32713 City/State and Zip Code	
		City/State and Zip Code ALLONS CAR WASH. Com to be used for future annual report r	
For further information c	oncerning this matter, please c	all:	
Andrew 5	FEER f Person	at (<u>949</u>) <u>8 7</u> Area Code Day	24-226 time Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration !	
Division of C	orporations	Division of C	forporations
P.O. Box 632 Tallahassee, I	7	The Centre of	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ocars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 24 0000 10189</u> .	1/03/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
BALLONS HIAWASSEE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	77
(Principal office address MUST BE A STREET ADDRESS)	149
	1
Enter new mailing address, if applicable:	183
(Mailing address MAY BE A POST OFFICE BOX)	
Muling duaress MAT BE A FOST OF FICE BOX;	<u></u>
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
City	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.

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(If an effec	tive d	ate is list	ed, the da	ate must	date of fil be specific a	and cam	not be prior	to date of filing	g or more t	han 90 day:	optional after filing	;.) Pursuant to	605.0207 (3
					ock does no partment o			able statutory	filing rec	quirement	s, this date	e will not be	listed as th
he record ord is file		fies a de	elayed e	ffective	: date, but r	not an e	effective t	ime, at 12:01	a.m. on th	ne earlier	of: (b) T	he 90th day	after the
Dated _		MARC	H	13+1	+		2024						
				/		//,	12.	/					
					1.1.1.	6/1							
					Signature of	f a mem	ber or auth	orized represen	tative of a	member			_
	_				Signature of	f a mem	ber or auth	orized represen	tative of a	member			_

Filing Fee: \$25.00