L24000359663



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COVER LETTER

TO: Registration Sect Division of Corpe			
SUBJECT: BIG	54 CAR WA	SH LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	CEDRIC	- YAPP	
		Name of Person	
		Firm/Company	
	15647 Ma	SRPIT DRIVE	
		Address	
	WESTLAKE	City/State and Zip Code Compart Compa)
	CEDVAR	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report noti	(fication)
For further information con	neerning this matter, please ca	all:	
CERIC	YAPP	at (561) 441	4056
Name of P	erson		e Telephone Number
Enclosed is a check for 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG 4 CAR WASH LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 915 2024 and as Florida document number 500 434075995. Regarde Files	ssign
This amendment is submitted to amend the following: L2400359663 (paymont	$\left(\begin{array}{c} \cdot \\ \cdot \end{array}\right)$
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	IC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the neagent and/or the new registered office address here</u> :	<u>:W r</u> (
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida, 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person beir or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
<u>m6R</u>	YAP PROPERTY HolanGSLLC	15647 MERRITT DRIVE	□Add
		WESTLAKE 92 33470	ERemov
			□Change
MGR	IMCT LLC	15647 MERRITT DRIVE	_ MAdd
		WESTLAKE, FC 33470	□Remov
			□Change
AMBR	MZZA Hdan65 UC	5580 SW 104 TH PER	□Add
		Cooker Siry, A 33328	🗹 Remov
	t t	<u> </u>	□Change
AMBR	MZAA	SS80 SW 1047 TER	_ LAdd
		Cooper City FL 33328	□ Remov
			□Change
Ampp	Sau Holano Lic	6040 NW 42 NO WAY	□Add
		COLONUT CHECK A 33073	_ 🗹 Remov
			□Change
AMBR	AM SOLVINE BUSINESS SOLVICES LLC	CX ON T CRECK & 37072	√ _ ⊠∧dd

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
ecord is f	
Dated	18/8/24
	Can-
	Signature of a member or authorized representative of a member