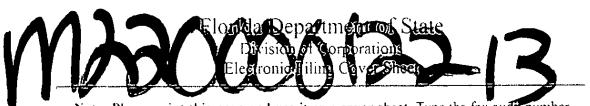
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Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTO LAVADO, L.L.C.

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23  $\ddot{\circ}$ 

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of	
State: Auto Lavado, L.L.C.	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability company is: M22000012213	
3. Jurisdiction of its organization:	
4. Date authorized to do business in Florida: July 12, 2022	
SECTION II (5-9 complete only the applicable changes)	
4. Date authorized to do business in Florida:    July 12, 2022         SECTION II (5-9 complete only the applicable changes)       5. New name of the limited liability company:         (must contain "Limited Liability Company," "L.L.C.," or "L.L.C.," o	•
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and altach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	
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.	

Ta:

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:  Removal of Manager					
itle/Capacity	Name	<u>Address</u> T	ype of Action		
Manager	Adam Weinstein	c/o New Mountain Capital, L.L.C.	_ □Add		
		1633 Broadway, 48th Floor, NY, NY 10019	<u></u> ■Remo		
			□Add		
			{_JRemo		
			□Add		
			_ FlRemo		
			LJAdđ		
			□Remo		
			□Add		
aforemention	a certificate, if required: no ned amendment(s), duly au ander the law of which this	more than 90 days old, evidencing the thenticated by the official having custody of records in the entity is organized.	[]Remo		
	Billy Haley	Signature of the authorized representative			
	William Haley	·			

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AUTO LAVADO, L.L.C.",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SUMMIT

WASH HOLDINGS, L.L.C." ON THE TENTH DAY OF AUGUST, A.D. 2022, AT

6:49 O'CLOCK P.M.



Authentication: 204256770

Date: 08-26-22