P11000024149

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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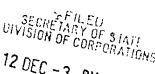
Amend 10 10 14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

0 111	\sim 1) 1 σ	
NAME OF CORPORATION: Bubble	·	
DOCUMENT NUMBER: P11000	2024149	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
_ Sam Osta	Name of Contact Person	
0.111.0	Name of Contact Person	
134bble Car	Wash, Inc. Firm/Company	
780 US 1		
	Address	
Ormand Read	k. El 32174	
_Or Moria Deac	City/ State and Zip Code	
Samostaconste	ed for future annual report notification)	
L-man address. (to be us	sed for future annual report nounication)	
For further information concerning this matter, pleas	se call:	
	at(<u>386</u>) <u>383-29∞</u>	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made I	payable to the Florida Department of State:	
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



	12 DEC	- CONTION
Bubble Car Wash, Inc	- 0[[-	3 PM 1:04
(Name of Corporation as currently filed with the	Florida Dept. of State)	- 1.04
P11000024149		
(Document Number of Corporation	(if known)	·-
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable:	780 US 1	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ormand Beach, FL 32174	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	780 US 1	-
(maining dadress MAI BE A POST OFFICE BOX)	Ormand Beach, Fh 32174	···
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		-
Name of New Registered Agent Sam Osto		
780 US 1 (Florida s	street address)	
New Registered Office Address: Ormand Bea		•
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia Signature of New Registered	rwith and accept the obligations of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Joh	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Fadi Osta	1910 US 1 South
Add			St. Augustine, FL 32084
X Remove			
2) Change	ρ	Sam Osta	780 US 1
_XAdd			Ormand Reach, FL 32176
Remove			
3) Change			
Add			
Remove			
4) Change		***	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
/V / H	
- 	
	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: July 15, 2012
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_July 15-17
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
San Osta
(Typed or printed name of person signing)
President
(Title of person signing)