## LOS 000037343

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(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

Registration Section

TO:

Division of Con	orations		•	
SUBJECT: Testermans	Home Services LLC			
SUBJECT:	Name of Limi	ned Liability Company	<del></del>	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Joel Testerman			
		Name of Person		
	Testerman's Home Service	s, LLC		
		Firm/Company		
	15320 Trousdale St			22
		Address		22 AUG 26 PM
	Clermont FL 34715			26
		City/State and Zip Code		
	E-mail address: (	egmail.com to be used for future annual report not	itication)	3: 52
For further information of	oncerning this matter, please ca	all:		10 :
Joel Testerman		at (352 ) 2426545		
Name o	f Person	Area Code Daytin	ie 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 caclosed)	☐ \$60.00 Filing Dertificate of Certified Copy (additional copy)	Status & y
Mailing Address Registration	Section	Street Address: Registration Se		
Division of C P.O. Box 632	•	Division of Co The Centre of	•	
Tallahassee, 1		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Testermans Home Services LLC  (Name of the Limited Liability Comparing (A Florida Limited L	w as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L08000037343</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Testermans Pro Wash LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
	872 Hook St	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Clermont FL 34711	22 V	
		JR OF A
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		3: 52 
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. enter the n	ame of the new registere
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.

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>	<u>Name</u>	Address	Type of Action
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			□Add
			□Remove
			□Change
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			⊒Add
			□Remove
			□ Change
			□Remove
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ective date, if other than t	he date of filing:		tor	tional)	
effective date is listed, the date i	must be specific and cam	not be prior to date of fili	ng or more than 90 days at	ter filing.) Pursuant to 605	
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cord specifies a delayed effec	tive date, but not an o	effective time, at 12:0	l a.m. on the earlier of:	(b) The 90th day after	r the
s filed.					
	,	022			
ed August 23	:	022			
	Field Sun	1	M	ember_	
	Signature of a mem	ber or authorized repres	entative of a member  Testerman		
	-/	•			