# 4419000179147

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
789,707,672
Office Use Only



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#### **COVER LETTER**

TO: Amendment Se Division of Co			•	
	Mathew Ray Drain	Clearing		
NAME OF CORP				
DOCUMENT NUI	1.19000179147 MBER:			
	es of Amendment and fee are su			
	respondence concerning this ma			
Ticase return an cor	Mathew Wilburn	mer to the following.		
		Name of Contact Perso	n	
		Firm/ Company	<del></del>	
	408 N Pompano Avc.			22
	Sarasota, FL 34237	Address		22 NOV -9 PM 4: 52
		City/ State and Zip Cod	e	- <del>0</del>
ja	ickspotsrq@yahoo.com			- 3≧ 
<del></del>	E-mail address: (	to be used for future annua	al report notification)	52
For further information	tion concerning this matter, plea	se call:		
Mathew Wilburn		941 at (	735-6898	
Nam	ne of Contact Person		de & Daytime Telephone Number	_
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing A		Street Address		
Amendme			dment Section	
Division o	f Corporations	Divisi	on of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2022 NOV -9 FM 4: 17

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2022

MATHEW WILBURN 408 N POMPANO AVE SARASOTA, FL 34237

SUBJECT: MATHEW RAY DRAIN CLEARING LLC

Ref. Number: L19000179147

We have received your document for MATHEW RAY DRAIN CLEARING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 922A00022876

www.sunbiz.org

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#### **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
oun merr	L wall wall of	Dona Clausias		
SUBJECT:	Matter Rey 2 Name of Lim	ited 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:		
	Mathew	Name of Person		
	Mathen	Ray Drain Class	ciny	C-
	<u> 408 M.</u>	Ponomo Ave		22 MOV -9 PM 4: 52
	Sarusoto	City/State and Zip Code  Spot Sne @ goh  to be used for future annual report not		s coerreile 52
	\ack:	spot spa @ aud	(000	
	E-mail address: (	to be used for future annual resort not	ification)	<u>ي.</u> څ
For further information of	concerning this matter, please c	all:		
	•	at (941) 73	5-6898	_
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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 I Certificate of Certified Copy (additional copy in the control of the copy in the copy	Status & y
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810 –	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mathew Per	Drain Clearing LL	<u>L.</u>
( <u>Name of the Limited Liabili</u> e (A Florida	Company as it now appears on dar records Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 7-11-2016	and assigned
Florida document number <u>L19000179147</u>	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	Pressure Washing and med Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	
(Principal office address MUST BE A STREET ADDR	ESS)	
		22 5
		A0 <b>%</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
		<b>4</b>
		<u>ر</u> 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
_	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 Changing Registered Agent, Signature of New Registered Agent

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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ed	October	27	. 20	22					
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		Signature			-,				