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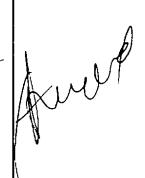
| (Requestor's Name) | |
|---|-------------|
| (Address) | 10033 |
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| PICK-UP WAIT MAIL | 01/27/20 |
| (Business Entity Name) | |
| (Document Number) | S TALLEN" |
| Certified Copies Certificates of Status | JAN 29 2020 |
| Special Instructions to Filing Officer: | |
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December 11, 2019

CHRISTOPHER LAYNE 30A PRESTIGE POWER- WASH LLC 46 LILLY BELL LANE FREEPORT, FL 32439

SUBJECT: 30A PRESTIGE POWER- WASH LLC

Ref. Number: L19000224004

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 719A00025197

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | SCA Preshing To | ower Wash Li | (. |
|-------------------------|---|--|--|
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articl | es of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all cor | rrespondence concerning this matter | to the following: | |
| | | | |
| | Christopher | · ch/pc. | · |
| | | | |
| | 3011 Millinge | Pewer Villi / | <u>1. C</u> |
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| | Ai Mil Bill | die | |
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| | Tiched Fl | City/State and Zip Code | |
| | 1 1 | City/State and Zip Code | |
| | E-mail address: | (to be used for future annual report noti | fication) |
| For further information | tion concerning this matter, please c | | |
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| Chilippi. | ame of Person | at $(\frac{5 \times }{\text{Area Code}})$ $\frac{(5)^{3} \times (5)^{3} \times (5)^{3}}{\text{Daytim}}$ | e Telephane Number |
| | ane of terson | med code Dayiiii | e reteptione runnoer |
| Enclosed is a check | for the following amount: | | |
| t⊡ \$25.00 Filing F | Cee S30.00 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) |
| Division P.O. Box | ion Section of Corporations | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations Tallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability Compar (A Florida Limited L | - Million LLC |
|---|--|
| (Name of the Limited Liability Compar (A Florida Limited L | av as it now appears on our records.) Ability Company) A 4 2019 |
| (Name of the Limited Liability Compar (A Florida Limited L The Articles of Organization for this Limited Liability Company) Florida document number 214004 . | were filed on $C1 - 19 - 2020$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Au il 1 mall auro A ST Trichert Propins 8 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address |
| | Florida |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publical to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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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| 'an effi <u>{ote:</u> | ve date, if other than the date of filing: |
| record is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| ated | c, -14 2020. |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | |