

L20 C000314966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Great White Pressure Cleaning LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincenzo Pappalardo

Name of Person

Firm/Company

4803 Pinetree Dr.

Address

FT Pierce, FL 34982

City/State and Zip Code

Greatwhitepressurecleaning@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Williams

772 678-2297  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Great White Pressure Cleaning LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/05/2020 and assigned  
Florida document number L20000314966.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4803 Pinetree Dr, FT Pierce, FL, 34982

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4803 Pinetree Dr, FT Pierce, FL, 34982

**B. If amending the registered agent and/or registered office 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:

Vincent Pappalardo

New Registered Office Address:

4803 Pinetree Dr

*Enter Florida street address*

FT Pierce

*City*

Florida 34982

*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>	<u>Address</u>	<u>Type of Action</u>
President	Matthew Williams		<input type="checkbox"/> Add
		6750 SW Gaines Ave. Stuart, FL. 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Kaylee Williams		<input type="checkbox"/> Add
		6750 SW Gaines Ave. Stuart, FL. 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vincenzo Pappalardo	4803 Pinetree drive, Fort Pierce, FL, 34982	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FORT PIERCE, FLORIDA

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22/1/22  
~~8/1/2022~~

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 1st. 2022.

Wm. W. W.

Signature of a member or authorized representative of a member

Matthew Williams

Typed or printed name of signee