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2022 FEB - 1 AM II: O.
SECRE
ALLAHASSEE

2022 FEB - 1 AM II: 23 SECRETARY DE STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pressure Power Lic 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:
Emin John Efe Name of Person
Firm/Company
13228 Morning Sun DR
Jacksonville fl 32225 City/State and Zip Code Emin john efe @ hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Emin John Efe at (904), 450 1530 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB - I AM II: 23

SECRETARY OF STATE
TALL AHASSEE, FLORE

Pristine Pre	ssure Powe	C LL C'ALL AHASSEE" FOR
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2200028361</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13228 Mar	ning Sun DR
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville	¥L 32225
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, Florida
	Ciņ	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
Ambr	Emin John Efe	13228 Morning Sun DR	X iAdd
		Jacksonville FL 32225	□ Remove
			[]Change
MGR	Victoria Taylor	13228 Morning Sun DR	□Add
		Jacksonville FL 32225	Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
•			□Remove
			□Change
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			Remove
			□Change
			□Add
			Remove
			🗆 Change

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an effective date i ote: If the date	f other than t s listed, the date r inserted in this tive date on the	nust be specifi block does i	c and cannot be not meet the ap	prior to date of oplicable state	filing or more that	han 90 days a	otional) fler filing.) Pursuant to 605.020 this date will not be listed a
record specifies is filed.	a delayed effec	tive date, bu	not an effecti	ve time, at 12	2:01 a.m. on th	e earlier of:	(b) The 90th day after the
uted <u>0</u> 2	101/20 Emi	22 un h	Well.				
		Signature	of a plember or	authorized repi	resentative of a	member	
	Emi	Joh	n Efe	orinted name o			

Filing Fee: \$25.00