

L23000152864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

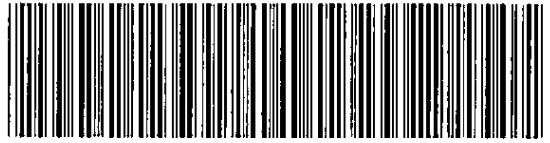
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Splish Splash Pressure Washing 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:

Emily Browne

\_\_\_\_\_  
Name of Person

Splish Splash Pressure Washing LLC

\_\_\_\_\_  
Firm/Company

2716 Fish Camp Rd

\_\_\_\_\_  
Address

Kissimmee FL 34744

\_\_\_\_\_  
City/State and Zip Code

Splishsplashpressurewashingllc@gmail.com

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

For further information concerning this matter, please call:

Emily Browne

815 343-8239

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**

Splish Splash Pressure Washing 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 March 27 2023 and assigned Florida document number L23000152864.

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 "L.L.C."

Enter new principal offices address, if applicable:

2716 Fish Camp Rd #15

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

Kissimmee FL 34744

Enter new mailing address, if applicable:

2716 Fish Camp Rd #15

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

Kissimmee FL 34744

**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:

Emily Browne

New Registered Office Address:

2716 Fish Camp Rd #15

*Enter Florida street address*

Kissimmee

Florida

34744

*City*

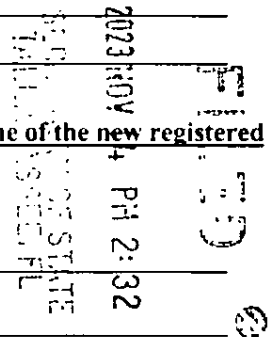
*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ayrton J Shaffer	3932 Eternity Circle	<input type="checkbox"/> Add
		Saint Cloud FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael D Minervino	4725 Oakwood Drive	<input type="checkbox"/> Add
		Saint Cloud FL 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emily Browne	2716 Fish Camp Rd #15	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason Mroz	2716 Fish Camp Rd #15	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34744	<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated November 7 . 2023 .

Emily Browne

Signature of a member or authorized representative of a member

Emily Browne

Typed or printed name of signee