(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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K. SALY EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT:	MBRIZ AND	SONS PRESSURE	WASHING AN	ID PAINTING U
	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	BERNA	HRDO AMBRIZ Name of Person		
	AMBRIZ AN	DSONS PRESSURE	JASHING AND	PAINTING LLC
		Firm/Company		
	1250 43 RI	STREET		
		Address		
	SARASOTA	+ , FL 34234		
		City/State and Zip Code		
	ambriza	City/State and Zip Code and Sons a gmail.com to be used for future annual report notif	<u> </u>	
			ication)	
For further information con	cerning this matter, please c	all:		
LEORNARD) AMBRIZ	at (941) Area Code Daytime	-2053	
Name of P	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 Stat Certified Copy	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMBRIZAND SONS PRESSURE WASHING AND PAINTING 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 w	ere filed on	Jan 19	,2016	and assigned	
Florida document number L16 0000 11 84	5					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liabili	ty company	<u>here</u> :			
The new name must be distinguishable and contain the words "Li	mited Liability	y Company," th	e designation "L	LC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD				DIG JUI	Ļ j	
					July 13	
Enter new mailing address, if applicable:						<u>-</u> (-)
(Mailing address MAY BE A POST OFFICE BOX)					70 13	_
						_
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad			on our recoi	rds, <u>enter</u>	the name of the	new
Name of New Registered Agent.			AMBR1			
New Registered Office Address:	1250	43rd	STREE	ET SA	ARASOTA, FL	34234
			lorida street add	ress		_
	SARAS	ia1 V	,	Florida	34234	_
		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 **Type of Action Title** <u>Address</u> **Name** BERNARDO AMBRIZ-CAMPOS 1250 43rd STREET SARASOTA, FL 34234 ☐ Change LEONARD AMBRIZ 1250 43rd STREET AP □ Add SARMOTA FL 34234 Kemove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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effective date is listed, the described in	ate must be specific and	d cannot be prior	to date of filing o	r more than 90 days:	after filing.) Pursua	nt to 605.020
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e 90th day after th	e record is filed.	. ,				
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'K	(1)	(A).	•			
- Whom	Signature of a	member or auth	orizet representat	ive of a member		
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Page 3 of 3

Filing Fee: \$25.00