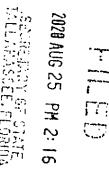
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

Hydro Tech	Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeff Renn		202
	Hydro Tech Services	Name of Person	2020 AUG 25
	1354 Sherfield Rd	Firm/Company	JE 25 PH 2: 16
	<u> </u>	Address	ORIDA ORIDA
	St Johns Fl 32259	City/State and Zip Code	·
	wgasa@comeast.net E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Jeff Renn		904 7030982 at ()	
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	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)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, I		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our record	<u></u>
1A Florida Limited	<u> Спаониу Сотрану)</u>	
The Articles of Organization for this Limited Liability Company	were filed on 12/12/2005	and assigned
Florida document number L05000118296		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Hydro Tech Services Pressure Washing LLC		
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		23 [
		THE P IN
		C. S. 77
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
		•
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
ngent and/or the new registered office address here:		
None of CN on the cond A const		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S.
		orida
	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>	Address	Type of Action
	•		□Remove
			⊒Change
			707 PLAdd
			25 To Change
			Pichange FLORITA
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			□ Remove
			L-Change
			□Remove
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			□Remove
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			15 L
			
ective date, if other than the reffective date is listed, the date mu	st be specific and cannot be prior to date of fili	gor more than 90 days after filing.) Pur	suant to 605.020
te: If the date inserted in this blooment's effective date on the D	ock does not meet the applicable statuto	ry filing requirements, this date will	not be listed a
	e date, but not an effective time, at 12:0	La.m. on the earlier of: (b) The 90	th day after the
is filed.			
ted August 21	2020		
<u></u>	·		
	Signature of a method of authorized representation	untative of a mamber	