

LD6000054359

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12 JUN -5 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top To Bottom 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:

Michael J Daniels

Name of Person

Top To Bottom Pressure Washing LLC

Firm/Company

6371 Business Blvd., Suite 200

Address

Sarasota, FL 34234

City/State and Zip Code

hlpa1@verizon.net

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

For further information concerning this matter, please call:

Michael J Daniels

Name of Person

at (941)

723-7564

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/COURIER ADDRESS:

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

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

Top To Bottom 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 May 26, 2006 and assigned
Florida document number L06000054359.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 6371 Business Blvd., Suite 200
(Principal office address MUST BE A STREET ADDRESS) Sarasota, FL 34234

Enter new mailing address, if applicable: 6371 Business Blvd., Suite 200
(Mailing address MAY BE A POST OFFICE BOX) Sarasota, FL 34234

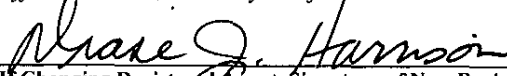
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Harrison Law, P.A.
New Registered Office Address: 8955 US HIGHWAY 301 N., #203
Enter Florida street address
Parrish, Florida 34234
City State Zip Code

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12 JUN -5 2006
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joel Beetham	4727 Country Manor Sarasota, FL 34233	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael J Daniels	6371 Business Blvd., Suite 200 Sarasota, FL 34234	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Michael J Daniels

Signature of a member or authorized representative of a member

MICHAEL J DANIELS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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