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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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EXAMINER



September 30, 2008

ARTIES RODGERS 2608 HELAY DR ORLANDO, FL 32818

SUBJECT: A-1 SUPER PRESSURE WASHING, LLC

Ref. Number: L08000082588

We have received your document for A-1 SUPER PRESSURE WASHING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 208A0005262 FLORIC

COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|---|---|--|-----------------------|-------------|------------|
| SUBJECT: A1 Supe | er Pressure Washin | g,LLC | | | |
| | | ited Liability Company) | | | |
| | | | | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspor | ndence concerning this matter | to the following: | | , | |
| | | | | | |
| | Arties Rodgers | | | | |
| | | (Name of Person) | | , | • |
| | A1 Super Pressure Wasl | hing | - | | |
| | | (Firm/Company) | • | | |
| | 2608 Helay Dr | | | | ** |
| | | (Address) | : | | |
| | Orlando, FL 32818 | | `, | | |
| | | (City/State and Zip Code) | | | |
| For further information co | oncerning this matter, please c | alle | 1 | | |
| To future mornation co | meering tus matter, picase e | au. | r * | | |
| Sam Roman | en) | at (407) 415-4909 | <u></u> | SEC | 2008 OC1 |
| (Name o | rerson) | (Area Code & Daytime T | elephone Number | ĪÃ | 83 |
| | 6.11 | | ſ | ARY | 5 |
| Enclosed is a check for the | _ | Dess on Filing Foo & | □\$ 60.00 Fili | س لين | e in |
| □ \$25.00 Filing Fee | ✓\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy | Certificat | e o PStatus | <u>د ا</u> |
| | | (additional copy is enclosed) | (addition | Copy is en | osed) |
| | | | | Eq. | |
| | NG ADDRESS | CTD CTT/COUDIED | ADDDESS. | | ٠ |
| MAILING ADDRESS: STREET/COURIER ADDRESS Registration Section Registration Section | | | | <i>A</i> | |
| P.O. Bo | | Division of Corporations Clifton Building | | | , |
| Tallahas | ssee, FL 32314 | 2661 Executive Cente Tallahassee, FL 3230 | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| At Super Pressure Washing , LLC | | ; |
|---|---|-----------------|
| (<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability C | ow appears on our records.) | |
| (A Florida Ellinica Elaolity C | company) | |
| The Articles of Organization for this Limited Liability Company were file | ed on September 12, 2008 and ass | igned |
| Florida document number L8000082588 | | |
| | | |
| This amondment is submitted to amond the Collection | | `, |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability com | npany here: | |
| | · | |
| The new name must be distinguishable and end with the words "Limited Liabil | lity Company " the designation "I.I.C" or the a | hhreviation |
| "L.L.C." | my company, the designation libe of the d | ibbi CV Idilion |
| D | · | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | , | |
| | , , , , , , , , , , , , , , , , , , , | **** |
| | TAC C | > > |
| Enter new mailing address, if applicable: | EC Sec | |
| (Mailing address MAY BE A POST OFFICE BOX) | ARE OC | |
| Training warress militiation of the bony | AS: | 4 Flactors |
| | — Electrical Control of the Control | 1 |
| B. If amending the registered agent and/or registered office add | lross on our records enter the name | if the new |
| registered agent and/or the new registered office address here: | Top | |
| | | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | | |
| • | (Enter Florida street address) | |
| | , Florida | |
| (City) | | le) |

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR Arties Rodgers 2608 Healy Dr Orlando, FL 32818 ☐ Remove **]** Add Remove Add 🗂 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Signature of a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00