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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 08 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WASH SOLUTIONS, 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 Charles Evans
Name of Person

WASH SOLUTIONS, LLC
Firm/Company

630 G Muscovy Circle
Address

Deland, FL 32720
City/State and Zip Code

WASHsolutionsLLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Evans at (386) 237-7827
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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11 JUN -8 PM 4:28
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TALLAHASSEE, FLORIDA

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

WASH SOLUTIONS, 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 05/05/2010 and assigned Florida document number L 10000048104

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:

(Principal office address MUST BE A STREET ADDRESS)

630 Muscovy circle Apt G
Deland FL 32720
630 Muscovy circle Apt G
Deland FL 32720

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CLERK OF COURT
JULIA HASSELT
ORANGE COUNTY
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Michael Charles Evans

New Registered Office Address:

1130 Muscovy Circle, Apt G

Enter Florida street address

Deland

City

Florida

32720

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 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.

[Signature]

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

Title	Name	Address	Type of Action
MGRM	ARTHUR KROL	943 SW 101 WAY PERMBROKE PINES, FL 33025	☐ Add ☒ Remove
MGM	Michael C. Evans	943 SW 101 WAY Permbroke Pines, FL	☐ Add ☒ Remove
MGRM	Michael C. Evans	1630 Muscova Circle, Apt G DeLand, FL 32720	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____



Signature of a member or authorized representative of a member

Michael Charles Evans

Typed or printed name of signee

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TALLAHASSEE, FLORIDA