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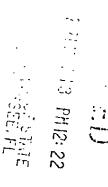
	(Requestor's Name)
	(Address)
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PCk-U	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

	Registration Se Division of Cor		•	
SUBJEC		ASH EXTERIOR CLEANING	G LLC	٠
SUBJEC	1: <u>. </u>	Name of Lin	nited Liability Company	·
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		TONYA BURKE		
			Name of Person	
		SPRAY WASH EXTERIO	OR CLEANING LLC	
			Firm/Company	
		2800 PINE RIDGE ROAL)	
			Address	
		TALLAHASSEE, FL 323	08	
			City/State and Zip Code	
		tallytonya@gmail.com		Ve
For further	r information o	oncerning this matter, please c	to be used for future annual report not	incation)
		oncerning this matter, please c		
TONYAI	·-		850 510-5250 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne 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)
	Iailing Address		Street Address:	
	egistration Solvision of Co		Registration Se Division of Cor	
	O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPRAY WASH EXTERIOR CLEANING LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L10000097597	y were filed on 09/17/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
RT BURKE CONSULTING LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2800 PINE RIDGE ROAD
Principal office address MUST BE A STREET ADDRESS)	TALLAHASSEE, FL 32308
Inter new mailing address, if applicable:	7
Mailing address MAY BE A POST OFFICE BOX)	
Haming address WITT BE A TOST OF THE BOA	
3. If amending the registered agent and/or registered office	address on our records, enter the name of the new register
gent and/or the new registered office address here:	2: 22 7. FL
Name of New Registered Agent:	
New Registered Office Address: 2800 PINE RI	DGE ROAD
	Enter Florida street address
TALLAHASS	SEE, Florida 32308

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
			Remove
			□Change
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			□Remove
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an effective date is listed, the	an the date of filing:	ot be prior to date of	filing or more than	optiona 90 days after fili	ng.) Pursuant to 605.0
	this block does not meet the the Department of State's		atory filing requir	rements, this da	ite will not be liste
ecord specifies a delayed is filed.	effective date, but not an eff	fective time, at 12	2:01 a.m. on the e	earlier of: (b)	The 90th day after
ated <u>May</u>	13 0	021			
	SH 5/LS	2			
	Signature of a membe	r or authorized rep	resentative of a mer	inber	<u> </u>

Filing Fee: \$25.00