

L10000128457

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUL 12 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Steven P. Rakoczy, 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:

Steve Rakoczy  
Name of Person

Great White Pressure Washing  
Firm/Company

15706 Blue Star Court  
Address

ODESSA, FL 33556  
City/State and Zip Code

greatwhitepressurewashing@Verizon.NET  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve RAKoczy at (813) 926-9274  
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

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

Stewen P. RAKoczy, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/16/10 and assigned  
Florida document number 410000128457

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GREAT White Pressure WASHing, LLC

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)**

15706 Blue Star Court  
ODESSA, FL 33556

**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:

Steve RAKoczy

New Registered Office Address:

15706 Blue Star Court

Enter Florida street address

ODESSA

City

Florida

33556

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.

  
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:

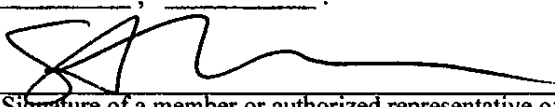
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                                 | <u>Type of Action</u>  |
|--------------|----------------|--|--|
| MGRM         | Steve Rakoczy  | 15706 Blue STAR CT.<br>ODDESSA, FL 33556       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Nick Campanale | 7833 D'Regold DR.<br>New Port Richey, FL 34654 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated 6/14, 2012.

  
Signature of a member or authorized representative of a member

Steve RAKOCZY  
Typed or printed name of signee

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