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## L12000053594

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T. CLINE

APR 20 2012

**EXAMINER** 



## **COVER LETTER**

TO: **Registration Section Division of Corporations** A PICTURE PERFECT 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: LATAURUS FORT Name of Person A PICTURE PERFECT PRESSURE WASHING, LLC Firm/Company 971 NORTH EAST 51 ST Address POMPANO BEACH, FL 33064 City/State and Zip Code DPFONPANA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LATAURUS FORT 461-9567 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$60.00 Filing Fe \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy >>

(additional copy is enclosed)

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

(additional copy is enclosed)



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A PERFECT PICTURE PRE	SSURE WASHING,LLC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000053594</u>	ere filed onAPRIL 20,2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
A PICTURE PERFECT PRES	SURE WASHING,LLC
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	R PR 20 PH 4: 30 ALLAND SEE FLOOR
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	E.A. El. I. A. A. II.
	Enter Florida street address
	'lorida

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.

City

Zip Code



MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
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			ALL CONTROL AND ALL CONTROL AN	
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D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessa	7) A	
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Dated	APRIL 20	2012 .		
	Signature of a m	ember or authorized representative of a member	<del></del>	
		LATAURUS FORT		
		Typed or printed name of signee		

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Filing Fee: \$25.00