L13000058495

(Re	equestor's Name)	
(Ac	idress)	
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SEP 1 0 2014 **T. HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Pressure Washing & Detailing, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
James R. Laramore Name of Person
Precision Pressure Washing & Detailing, LLC
5207 Collins Street
Panama City FL 32404 City/State and Zip Code
Final andress: (to be used for future annual report notification)
For further information concerning this matter, please call:
James R. Laramore at (950) 630-7298 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Precision Pressure Washing & Detailing, 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 Liabit Florida document number <u>L1300005</u>	lity Company were filed on April 22	2 <u>, 2<i>01</i> 3</u> and assigned
Florida document number <u>L1300005</u>	8495	•
This amendment is submitted to amend the following	ng:	·
A. If amending name, enter the new name of the Pressure The new name must be distinguishable and end with the work		tenance LLC
The new name must be distinguishable and end with the word	Is "Limited Liability Company," the designation "LL	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST RE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or	registered office address on our record	SECURE AND SEE FLORIDE the name of the new
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
_	· · · · · · · · · · · · · · · · · · ·	lorida
	City	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			
			Add
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			SEP 2 PH 3: 35 Remove
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	date if other than the date of filing:
collective	date, if other than the date of filing:
coffective date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
collective	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
effective date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00