L13000 117530

(Requestor's Name)
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(Address)
,
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(Business Entity Name)
, ,
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TOP NOTCH PRESSURE Masting 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:				
Storm Stockstill Name of Person				
101 SEGOVIA Firm/Company Address Address				
Upiter Fl 33458 City/State and Zip Code				
TOPNOTCHWASHING & VANOO. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
STORM STOCKSTILL at 50 to 03. 2220 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing F				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 OCT 21 PM 3: 00

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Top NoteH Pressy	De Washing	TÄLLÄHÄSSFE, FLORIDA	
(A Florida Lim	company as it now appears on our raited Liability Company)	ecorus.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000117530</u>	mpany were filed on 8/20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15805 92N Jupiter	D May North F1 33478	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	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 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>	Address	Type of Action
MGR	WILLIAM SNYDER	40 PRINCEMOOD	Add
	,	Lane PALM BEACH	Remove
		Gardens Fl 33410	
			Add
			Remove
			
- Mahani =			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
		4 1.1.	
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	October 110 · 2013
,-uica _	Stom Stockstell
	Signature of a member of authorized representative of a member Story Story Still Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

INTO OF STATE