

L14 0000 05677

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(City/State/Zip/Phone #)

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(Business Entity Name)

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16 JUN 30 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 01 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WELLSPRING PRESSURE CLEANING 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:

JORDAN HALL  
Name of Person

WELLSPRING PRESSURE CLEANING LLC  
Firm/Company

63 N. ATLANTIC AVE.  
Address

COCA BEACH, FL 32931  
City/State and Zip Code

WELLSPRINGCLEAN@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Hall at (530) 718-6127  
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

WELLSPRING PRESSURE CLEANING 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 Liability Company were filed on 01/10/14 and assigned  
Florida document number L14600005677.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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**)

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:

Troy Votaw

New Registered Office Address:

63 NORTH ATLANTIC AVE.

Enter Florida street address

COCOA BEACH

City

Florida

32931

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.

Troy Votaw

If Changing Registered Agent, Signature of New Registered Agent

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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>           | <u>Type of Action</u>                      |
|--------------|-------------|--------------------------|--|
| MGR          | TROY VOTAW  | 2010 HAMLIN AVE.         | <input checked="" type="checkbox"/> Add    |
|              |             | MERRITT ISLAND, FL 32953 | <input type="checkbox"/> Remove            |
|              |             |                          | <input type="checkbox"/> Change            |
| MGR          | JORDAN HALL | 567 MISSION DE ORO DR.   | <input type="checkbox"/> Add               |
|              |             | REDDING, CA 96003        | <input checked="" type="checkbox"/> Remove |
|              |             |                          | <input type="checkbox"/> Change            |
|              |             |                          | <input type="checkbox"/> Add               |
|              |             |                          | <input type="checkbox"/> Remove            |
|              |             |                          | <input type="checkbox"/> Change            |
|              |             |                          | <input type="checkbox"/> Add               |
|              |             |                          | <input type="checkbox"/> Remove            |
|              |             |                          | <input type="checkbox"/> Change            |
|              |             |                          | <input type="checkbox"/> Add               |
|              |             |                          | <input type="checkbox"/> Remove            |
|              |             |                          | <input type="checkbox"/> Change            |
|              |             |                          | <input type="checkbox"/> Add               |
|              |             |                          | <input type="checkbox"/> Remove            |
|              |             |                          | <input type="checkbox"/> Change            |

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

I RECENTLY MOVED TO CALIFORNIA,  
AND WANT TO GIVE ALL OWNERSHIP  
OF WELLSPRING PRESSURE CLEANING  
LLC OVER TO TROY VOTAW. I WISH  
TO ~~WANT~~ NO LONGER HAVE OWNERSHIP  
OF THE LLC.

E. Effective date, if other than the date of filing: 6/30/16 (optional)

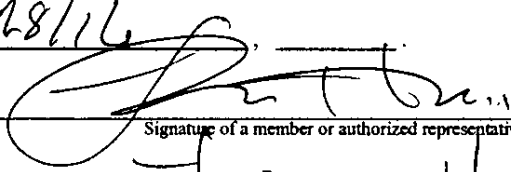
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 6/28/16

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JORDAN HALL  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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