

L14 0000 30729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

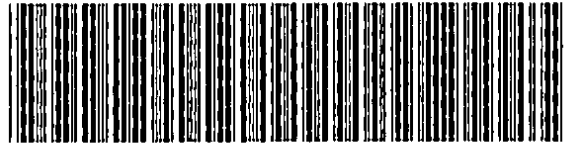
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 01 2021

2021 JAN 19 PM 1:25

*Handwritten:* Handed NLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2020

JOHNNY ESQUIVEL  
12638 NW 14 ST  
SUNRISE, FL 33323

SUBJECT: ULTIMATE PRESSURE CLEANING SERVICES LLC  
Ref. Number: L14000030729

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 720A00025720

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ultimate Pressure Cleaning Services 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:

Johnny Esquivel  
Name of Person

\_\_\_\_\_  
Firm/Company

12638 NW 14 St  
Address

Sunrise FL, 33323  
City/State and Zip Code

Tazangiz@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Esquivel  
Name of Person

at (954)  
Area Code

383 5616  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Ultimate Pressure Cleaning Services LLC

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

2/24/2014

The Articles of Organization for this Limited Liability Company were filed on Mar 07 - 2018 and assigned  
Florida document number L14000030729.

2018 JAN 19 PM 1:23

This amendment is submitted to amend the following:

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

Next Level Premium Detailing LLC

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)

12638 NW 14 St

Sunrise FL, 33323

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

12638 NW 14 St

Sunrise FL 33323

**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:

Johnny Esquivel

New Registered Office Address:

12638 NW 14 St. Sunrise FL 33323

*Enter Florida street address*

Sunrise

*City*

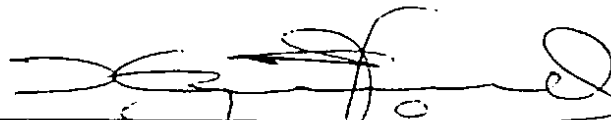
Florida

33323

*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 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**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

01-11-2021

25/11/2021

Signature of a member or authorized representative of a member

Johnny Esquivel  
Typed or printed name of signer

Typed or printed name of signee