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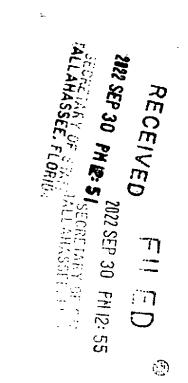
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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09/30/22--01015--021 \*\*25.00



## COVER LETTER

Division of Corp	orations			
SUBJECT: 101/0	ahassee Name of Limit	Pressure ted Liability Company	Washing	LLC
The enclosed Articles of A	mendment and fee(s) are subn	mitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	Austin	C Sm. 41 Name of Person	<u></u>	
		Firm/Company	. 11.	
	75 Briat	Address		-
	Mont:	Cello Fl City/State and Zip Code	32344	-
	Month	ossure Vashing	<u> gma.1. com</u>	
For further information co	ncerning this matter, please ca			
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Name of	iHh Person	at ( <u>252)</u> Area Code	Daytime Telephone Numbe	ī
Enclosed is a check for th	e following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certifica losed) Certified	ate of Status &
<u>Mailing Address</u> Registration S		Street Ac Registra	ddress: ation Section	

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

TO:

Registration Section

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**

FH ED

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2022 SEP 30 PM 12: 56

Tallahasse D	essuse Washing LINEAHASSET. ITT
(Name of the Limite	d Liability Company as it now appears in our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on <u>G1014</u> and assigned <u>3101</u>
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w Enter new principal offices address, if applica (Principal office address MUST BE A STREE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE A	<u>BOX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	egistered office address on our records, enter the name of the new registered is here:  Austin a Smith  75 Briat Rd  Enter Florida street address  Monticella FL Florida 32344  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 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>	Name	Address	Type of Action
MgT	Matt Rivest	610 North Latters	<u>⊅∕</u> ∐Add
		St - Monticello Fd 3134	Hemove
			□Change
MgT	Austin Smith	75 Briat Rd Marticello	F BAdd
		32344	Remove
			□Change
	-A-18		🗆 Add
			Remove
			□Change
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'an effective <u>Fote:</u> If the		date must be spec n this block doe	rific and cannot is not meet the	be prior to date o e applicable sta	of filling or more th		nal) ling.) Pursuant to 60 late will not be lis	
	cifies a delayed	effective date, I	but not an effe	ective time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day af	ter the
d is filed.	-30- <u>1</u> 2							
d is filed.	-30-22	Signatu	ure of a member	or authorized re	presentative of a	member		