# 114000103506

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MAR 1 2 2015 T. BROWN

## COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Steeles Pressure Weshing 1 Name of Limited Liability Company	<u>-LC</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David Steele Name of Person	
Steeles Pressure Mush Firm/Company	ing LLC
23971 Forest View Driv	<u>e</u>
Land O Lakes Floride City/State and Zip Code	a 34639
Steelessness we washing 11c E-mail address: (to be used for future annual	report hotification)
For further information concerning this matter, please call:	
David Steele a1(727)	326 - 2092  Daytime Telephone Number
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 & Certificate of Status	\$60.00 Filing Fee, Certificate of Status &

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	RGANIZATION SA CALL
Steeles Idea Pressure V (Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/27/2014 and assigned
Florida document number <u>L1400103506</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Steele's Pressure Washing I  The new name must be distinguishable and end with the words "Limited Liab	LC .
Enter new principal offices address, if applicable:	23971 Forest View Drive
(Principal office address MUST BE A STREET ADDRESS)	Land O Lakes FL 34639
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	23971 Forest View Drive Land O Lates FL 34639
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
<del></del>			
			Remove
			<u>.</u>
			□ Add
		<del></del>	Remove
	***************************************		Add
			□ Remove
			□ Add
			□ Remove
	<del></del>		
			□ Remove

Effective da	te, if other than the date of filing: (optional)  te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective da	re, if other than the date of filing:
(The effective da	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
(The effective da the date this do	te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)

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Filing Fee: \$25.00