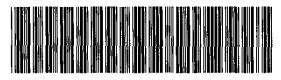
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Poseidons Pressure Washing LLC  Name of Limited Liability Company
Name of Emitted Elabitity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shannon P. AHales Name of Person
Poseidons Pressure Washing LLC Firm/Company
PO BOX 9581  Address
Tovernier FL 33070  City/State and Zip Code
Sattales 16@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stacey Attales at 305 433-0801 Name of Person Area Code Daytime Telephone Number
Mea Code Dayting reseptione Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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

Poseidons Pressure Washing LLC.

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

(A Florida Limited Liability Company)

New Registered Agent's Signature, if changing Registered A	City gent:		Zip Code		
		, Florida			
	Enter Florida street address				
New Registered Office Address:					
Name of New Registered Agent:		다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	<b>©</b>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir records, enter the	e name of the ne	<u>:\\</u>	
			07		
(Mailing address MAY BE A POST OFFICE BOX)		The same of the sa	S		
Enter new mailing address, if applicable:		2	<u> </u>		
(Principal office address MUST BE A STREET ADDRES	<u> </u>				
Enter new principal offices address, if applicable:	<del></del>	· · · · · · · · · · · · · · · · · · ·			
The new name must be distinguishable and contain the words "Limited			viation "L.L.C."		
A. If amending name, enter the new name of the limited Pose idons Pressure 1		Services	LIC		
This amendment is submitted to amend the following:					
Florida document number <u>L14000110679</u>		•			
The Articles of Organization for this Limited Liability Com	pany were filed on Hu	9.25,2014	2 and assigned		
	^	0			

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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