

L14000148503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

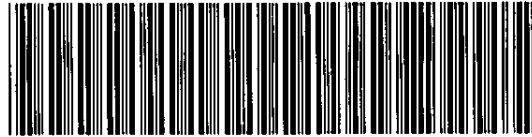
(Document Number)

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FILED
2015 FEB 13 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCD Power Washing 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:

Joshua Grimsley
Name of Person
OCD Power Washing LLC
Firm/Company
319 Se 4th ter.
Address
Dania beach, FL. 33004
City/State and Zip Code
Josh@OCDpowerclean.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Grimsley at (954) 297-6270
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2015

JOSHUA GRIMSLEY
319 SE 4TH TER
DANIA BEACH, FL 33004

SUBJECT: O C D POWER WASHING LLC.
Ref. Number: L14000148503

RECEIVED
15 FEB 13 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for O C D POWER WASHING LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 815A00002165

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 FEB 13 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCD Power Washing 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 September 23, 2014 and assigned
Florida document number L14000148503.

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 end with 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

MGR	Crystal Nye	319 se 4th ter	<input type="checkbox"/> Add
		Dania beach FL. 33004	<input checked="" type="checkbox"/> Remove

☐ Add☒ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add

 Remove

☐ Add☐ Remove

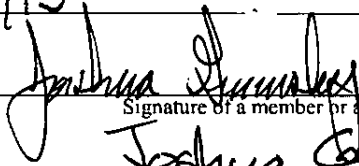
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

02/09/15



Signature of a member or authorized representative of a member

Joshua Grimsley

Typed or printed name of signed

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2015 FEB 13 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA