

L 14000194580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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04/14/15--01018--010 **25.00

APR 27 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elite Pressure Washing of Vero Beach 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:

Robert Williams

Name of Person

Firm/Company

p.o. box 1757

Address

Okeechobee/Florida 34973

City/State and Zip Code

bwilliams0505@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Williams

863
at ()

634-3333

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

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

Elite Pressure Cleaning of Vero Beach 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 1/1/2015 and assigned
Florida document number 214000194580.

This amendment is submitted to amend the following:

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

Superior Pressure Cleaning Of Florida LLC

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:

1954 SW 40th Dr

(Principal office address MUST BE A STREET ADDRESS)

Okeechobee Fl, 34972

Enter new mailing address, if applicable:

P.O. box 1757

(Mailing address MAY BE A POST OFFICE BOX)

Okeechobee Fl, 34973

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:

Robert A. Williams

New Registered Office Address:

1954 SW 40th Dr

Enter Florida street address

Okeechobee

City

Florida 34972

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

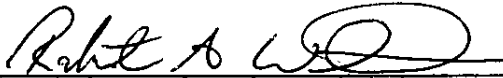
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mrs</u>	<u>Robert Williams</u>	<u>1954 sw 40th dr</u>	<input checked="" type="checkbox"/> Add
		<u>okeechobee, fl 34972</u>	<input type="checkbox"/> Remove
		<u></u>	
<u>mrs</u>	<u>franny watford</u>	<u>2385 66th ave sw</u>	<input type="checkbox"/> Add
		<u>vero beach, fl 32968</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
		<u></u>	<input type="checkbox"/> Add
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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 April 10, 2015



Signature of a member or authorized representative of a member

Robert A. Williams

Typed or printed name of signee