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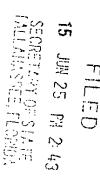
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JUN 2 6 2015

S. YOUNG

COVER LETTER *

TO: Registration Section Division of Corporations
SUBJECT: Renew Crew Power Washing, LLC. Name of Limited Liability Company
Mane of Islanded Entoning Company 1
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danielle Cortey Name of Person
Renew Crew Power Washing, LLC.
24933 Rayello St.
Land O' Lakes, FL 3AU39 City/State and Zip Code
Danielle @ RENEWCREWFL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Covieu at (813) 997. 3914 57 5 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

KEYITAN CYEW POWEY W	<u>asnina, u</u>	on our records		
(Name of the Limited Liability Compa (A Florida Limited				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>V</u>	an, 16th 1	2015 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liab	NASNINA, ility Company," the lie	signation "LLC" o	r the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	NA	· ·		, į
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	_
			FILE JAN 25	=
Enter new mailing address, if applicable:	NA			_
(Mailing address MAY BE A POST OFFICE BOX)			1-07 10-15 15-15	<u>-</u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		our records,	. Ja	<u>nev</u>
Name of New Registered Agent:			,	_
New Registered Office Address:				_
	Enter Florid	da street address		
	City	, Flori	da Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	•		Σιρ Coae	
I hereby accept the appointment as registered agent and agr	-	anacity I furth	er garee to comply with	the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
	•		☐ Change
			□ Remove
			Change
			Add
			Remove 25
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			□ Remove
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etive date, if other than the date of filing: effective date is listed, the date must be specific and of If the date inserted in this block does not more ment's effective date on the Department of Sta	cannot be prior to date of the applicable sta	of filing or more than 9 tutory filing require	(optional) O days after filing.) Pements, this date wi	ursuant to 605.0 Il not be listed
ecord specifies a delayed effective da e 90th day after the record is filed.	ite, but not an e	ffective time, at	: 12:01 a.m. or	the earlie
1 0 22	15)		
	The same of the sa)		

Page 3 of 3

Filing Fee: \$25.00