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SECRETARY OF STATEM

MAR 21 2016

S. YOUNG

COVER LETTER

TO: Registration Section **
Division of Corporations
SUBJECT: Renewed Image Powly Washing 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:
Daniell Coview Name of Person
Renewed Image Power Washing
24933 RAVIIIO St.
Land O' Lakes, PL 341391 City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Covieu at (813) 388-5047 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 □ \$55.00 Filing Fee & Certificate of Status & Certificate of

Certified Copy (additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

		<u> </u>
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)
	, 1 ,	10/00/5
The Articles of Organization for this Limited Liability Company	y were filed on	ul ZOIO and assigned
Florida document number L15000010214		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.3
	,	
Enter new mailing address, if applicable:	/	رو پایمند اور سرو در باور
(Mailing address MAY BE A POST OFFICE BOX)		12 Tus
Managada tas Mili DENTOST OFFICE DON		No.
		- 3 3
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	I <u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

$\underline{or\ removed\ from\ our\ records};$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Shawn Carley	29933 RAVEILOST LANDUAKES	S_DAdd
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(If an ef <u>Note:</u> docum	ive date, if other than the date of filing: [Coptional] [Coptional]	d as t
) 1115	. Journally arter the record is med.	
Dated	March 110th. 2010.	
	Signature of a member or authorized representative of a member	
	Danielle Coy leut Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00