# 115000023168

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### **COVER LETTER**

	ALL PRESSURE WASHING LLC	<u>;</u>	
SUBJECT:	Name of Limi	ited Liability Company	<del>-</del>
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	NOEL BROWN		
		Name of Person	
	NTB SERVICES LLC		
		Firm/Company	<del></del>
	1656 GERANIUM AVE		
		Address	
	NORTH PORT,FL 34288		
	NTBSERVICESLLC@GM	City/State and Zip Code AIL.COM	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	on concerning this matter, please co	all:	
NOEL BROWN		941 275-7785	
Nan	ne of Person		Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30.00 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

TO:

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

BIRDSALL PRESSURE WASHING LLC  (Name of the Limited Liability Company as it now apperature (A Florida Limited Liability Company)	ears on our records.)	
ne Articles of Organization for this Limited Liability Company were filed on	)2/06/2015	and assigned
orida document number L15000023168		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company	<u>here</u> :	
RTY BIRDY LLC		
new name must be distinguishable and contain the words "Limited Liability Company." the	e designation "LLC" or the abbre	viation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)	<u>&gt; 0</u>	<b>.</b>
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ter new mailing address, if applicable:	*	
ailing address MAY BE A POST OFFICE BOX)		<u> </u>
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If amending the registered agent and/or registered office address of gistered agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, <u>enter th</u>	e name of th
New Registered Office Address:		

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 =	Manager	
AMBR =	Authorized	Member

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

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en a succession de la la		/20/2019		(antional)		
<b>ffective date, if other than the d</b> an effective date is listed, the date must lote: If the date inserted in this blocoument's effective date on the Dep	be specific and cannot k does not meet t	he applicable stat	itting or more than quire then quire	(optional) 00 days after filing.) ements, this date w	Pursuant to rill not be	o 605.020 e listed as
e record specifies a delayed The 90th day after the reco	effective date, rd is filed.	but not an ef	fective time, al	: 12:01 a.m. o	n the e	arlier o
OCTOBER 15TH	20	19				
Cous	800	whole				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00