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•	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Fil	ing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 12 **2016** S. YOUNG

# Simple Filings....

4049 Pennsylvania Ave., Suite 100, Kansas City, MO 64111 phone: (866) 762-1012 | fax: (866) 687-7779 e-mail: llcinc@SimpleFilings.com

#### Greetings,

Enclosed is an LLC application to Amend the articles of Organization. We have enclosed the filing fee, the application, and a self-addressed stamped envelope. Please return confirmation to us in the self-addressed stamped envelope so that we may retain a copy in our customer's file and forward one on to our customer. Please feel free to call us at 866-659-5241 with any questions you may have.

Sincerely,

LLC Formation & Incorporation Filing Department http://www.SimpleFilings.com/llcinc

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### **COVER LETTER**

	gistration Sec ision of Corp				
SUBJECT:	Big Guns Pr	ressure Washing LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Kimberly Johnston			
			Name of Person		
		Simplefilings.com			
		<del></del>	Firm/Company	- <u>,                                    </u>	
		4049 Pennsylvania Ave, St	e 100		
		· · · · · · · · · · · · · · · · · · ·	Address		16 SEC
	,	Kansas City, MO 64111			TECRETARY OF STATE A
			City/State and Zip Code		2 88 C
		v_hilson@yahoo.com			2 59
		E-mail address: (	to be used for future annual report notifi	ication)	22 Call
For further in	nformation co	oncerning this matter, please ca	all:		9 gm
Kimberly Jo	hnston		866 659-5240 ext		•
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	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 Sta Certified Copy (additional copy is en	tus &

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

Big Guns Pressure Washing LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	·
The Articles of Organization for this Limited Liability Comproved the Comproved Compro	pany were filed on 4/20/2015	and assigned
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 contain the words "Limited"	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	75
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
		N SS C
Enter new mailing address, if applicable:		P Fight
Mailing address MAY BE A POST OFFICE BOX		2: 0A
AZAMONIA, MARIESO MATA DEL MATA OUT A ACENTROLIS.		9 RM
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		······································
	Enter Florida street address	
	, Flori	ida Zip Code
	City	Zip Coae

#### 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 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>	<u>Name</u>	Address	Type of Action
AMBR	Victoria Zerillo	8108 Revels Road	
		Riverview, FL 33569	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
<del></del>			
			LAHASSEE
			Change E, FLORI
***************************************			□ AddG OF
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		- <del></del>	☐ Change
		<del></del>	Add
			□ Remove
			Change

Effective date, if other than the date of filing:	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will locument's effective date on the Department of State's records.	
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a record angelifica a delayed effective data but act as effective time at 17.01 and a	ursuant to 605.0207 (3)(t l not be listed as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Signature of a member or authorized representative of a member	

Typed or printed name of signee