1500080233

((Requestor's Name)
	(Address)
((Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
- ((Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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K. SALY JUL 1 9 2017



June 20, 2017

MAJESTIC PREESSURE WASHES & MORE LLC MCGILL HODGES 10407 TWIGGS CT. ORLANDO, FL 32825

SUBJECT: MAJESTIC PRESSURE WASHES & MORE LLC

Ref. Number: L15000080233

We have received your document for MAJESTIC PRESSURE WASHES & MORE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000108205 "MAJESTIC PROPERTY GROUP LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist !!

Letter Number: 517A00012478

COVER LETTER

то:	Registration Sec Division of Corp		. •					
	•	essure Washes & MORE LLC	•					
SUBJ	ECT:	Name of Lim	ited Liability Company					
		Amendment and fee(s) are sub	-					
ricase	return an correspon	McGill Hodges	to the following.					
	Name of Person							
		Majestic						
			Firm/Company					
10407 Twiggs Ct.								
			Address					
City/State and Zip Code mcgillhodges@yahoo.com								
		E-mail address: (to be used for future annual report notif	ication)				
For fu	orther information co	oncerning this matter, please c	all:					
McGi	ill Hodges		407 501-2787					
Name of Person				Telephone Number				
Enclo	sed is a check for th	e following amount:						
a \$2	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

TO OF

ARTICLES OF ORGANIZATION

2017 JUL 17 PM 2:40 Majestic Pressure Washes & MORE LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on L15000080233 Florida document number 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" or the abbreviation 10407 Twiggs Ct. Orlando Fl 32825 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 10407 Twiggs Ct. Orlando Fl 32825 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street 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.

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 = M AMBR = A	lanager .uthorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	2017 JUL 17 PM 2: 40 JALLAHASSE: FLORID:	Type of Action
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te: If the date inserted in cument's effective date or	date must be specific and cannot be prior to dat this block does not meet the applicable s in the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pur statutory filing requirements, this date will effective time, at 12:01 a.m. on t	not be lis
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June 13 ted	2017		
-W	Signature of momber of authorized	representative of a member	
McGill Hodges	J		
	Typed or printed nan	me of signee	

Page 3 of 3

Filing Fee: \$25.00