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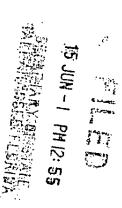
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J SHIVERS

COVER LETTER

TO: Registration Division of C			
SUBJECT: G	T Pressure VG Name of Lim	sking and Detail	ling L.L.C
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Cary A. Bayd Name of Person Curc Washing a Firm/Company	nd Detailing L.L.
	1861 Bucha	nan Bay (Ir 1	05
	Oclando, I Jana 720 Email address:	City/State and Zip Code O	ication)
For further information	concerning this matter, please c		
	of Person	at (31) 330- Area Code Daytime	K G D 5 Telephone Number
Enclosed is a check fo	the following amount:		
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	ILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 1 \ \ \ 000093904 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 = Manager

AMBR = Authorized Member Type of Action **Title** Name **Address** Gary A. Boyd 1861 Buchanan Bay cor BAdd MGR 201 103 Or 1906, FL 32831 □ Remove ☐ Change □ Add _□ Remove □ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

AA	6	Gary	A. Boyd	to	Authorized	Person
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			Signature of a member	r or authorized fe	presentative of a member	

Page 3 of 3

Filing Fee: \$25.00