

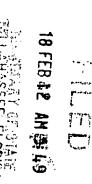
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|--|
| 4 / | Bryan's Pr | ressure Washing, LLC | |
| SUBJECT: | | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | oondence concerning this matter | to the following: | |
| | | Charles Bryan | |
| | | Name of Person | |
| | | Firm/Company | ···· |
| | | 160 SW Brahman Glen | |
| | | Address | |
| | | Ft. White, Florida 32038 City/State and Zip Code | |
| | bry | /anspressurewashing@gmail.com | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please ca | all: | |
| | rles Bryan | at () | 0067 |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Bryan's Pressure W | ashing, LLC | | | |
|---|--|--|------------------|-------------------|----------------|
| (Name of the Lin | ited Liability Compa (A Florida Limited | ny as it now appears (Liability Company) | on our records, |) | |
| The Articles of Organization for this Limited Clorida document number | | were filed on | 07/07/201 | 5 | and assigned |
| his amendment is submitted to amend the fo | llowing: | | | | |
| A. If amending name, enter the new name | of the limited liab | oility company here | <u>e</u>: | | |
| Old Wire Holdings, LLC | C | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the des | ignation "LLC" | or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if appl | icable: | Same as before | | | |
| Principal office address MUST BE A STRE | EET ADDRESS) | | | | |
| ater new mailing address, if applicable: | | N/A | | | |
| Mailing address MAY BE A POST OFFICI | E DOV | | | | |
| VILLING LILLIUSS MAI BE A FOSI OFFICE | E BUX) | | | | |
| 3. If amending the registered agent an registered agent and/or the new registered | - | | our records, | enter the | name of the |
| Name of New Registered Agent: | N/A | | | M _G | |
| New Registered Office Address: | N/A | | | 6.7 1.9 1.9 | |
| | | Enter Florid | a street address | Sec 2 | |
| | | | , Flor | | |
| | | City | | 7 | in Code |

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 |
| | | | Add |
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| SEF SIATE | fective date, if other than the date of filing: |

Page 3 of 3

Filing Fee: \$25.00