116000052468

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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01/23/17--01015--019 **25.00

FILED BILLIN 23 P 2:2 ECRETARY OF STAIL

S WarrenJAN 2 5 2017

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	PERFECT T	OUCH PRESSURÉ WASHIN	iG L.L.C.	
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		JASON R. FARBERMAN		
			Name of Person	
		PERFECT TOUCH PRESS	SURE WASHING L.L.C.	
			Firm/Company	
		650 DIXON BLVD. APT. I	B-2	
			Address	
		COCOA, FL 32922		
			City/State and Zip Code	
		BUNNY47232@AOL.COM		
		E-mail address: (to	o be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	ll:	
JASON R. F	'ARBERMAN	N	321 704-1856 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	t check for the	following amount:		
■ \$25.00 F	iling 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

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

PERFECT TOUCH PRESSURE V			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	.)
he Articles of Organization for this Limited I		were filed on 3/24/2016	and assigned
orida document number 116000052468	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
ERFECT TOUCH PRESSURE WASHING AN	D LAWN CARE L	.L.C.	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NO CHANGE IN ADDRESS	
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:		NO CHANGE IN ADDRESS	
Mailing address MAY BE A POST OFFICE	BOX)	•	
	.	CO 11	
 If amending the registered agent and egistered agent and/or the new registered or 			, enter the name of the
		_	
Name of New Registered Agent:	NO CHANGE IN REGISTERED AGENT		
New Registered Office Address:	NO CHANGE	IN OFFICE ADDRESS	
		Enter Florida street address	
		, Flo	rida
		City	Zip 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

Title.	Name.	Address	Type of Action
			D Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

			□ Remove
			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
		EN JAM 23 P 2: 28	Remove
			Change

	TILL CONTINUE TO DO PRESSURE W	ASHING.			
MY	SERVICES WILL NOW BE BOTH PRI	ESSURE WASHING AN	D LAWN CARE.		
-					
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			<u> </u>		
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				- 	·
	date, if other than the date of filing:			(optional)	D
te: If	ive date is listed, the date must be specific and c the date inserted in this block does not me t's effective date on the Department of Sta	et the applicable statutory	filing requirement	s after filling.) s, this date v	vill not be listed
Cullicin	s cheenve take on the Department of Sa	ac. s. records.			
	rd specifies a delayed effective da Oth day after the record is filed.	te, but not an effecti	ve time, at 12:	01 a.m. c	on the earlier
The 90		··································			_
The 90		ember or authorized represen	ative of a member	35.00 c	
	JASON R. FARBERMAN		rative of a member	200 1 200 1	

Filing Fee: \$25.00