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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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J. HARRIE



340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

February 23, 2017

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

RE: Power Blast Pressure Washing, LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$25.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor

CorpNet, Incorporated 888-449-2638 Ext. 105 aberen@corpnet.com



ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

company has been notified in writing of this change.

Power Blast Pressure Washing, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited I | Liability Company) | |
|--|---------------------------------------|--------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L16000063283</u> | were filed on 3/30/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation | 1 "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 7 |
| | | EB 2007 |
| | | 7 0000 |
| Enter new mailing address, if applicable: | | PM (2007) |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| B. If amending the registered agent and/or registered of | ffice address on our re | ecords, enter the name of the r |
| registered agent and/or the new registered office address her | <u>e</u> : | · |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , Florida Ziv Code |
| Now Desigtated Asserts Signature if shoreing Desigtated Asserts | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete | 4 - | |
| accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office | provided for in Chapter | 605, F.S. Or, if this document is |

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 | Christopher Burke | 904 Conrad Dr. | • Add |
| | | New Smyrna Beach, FL 32168 | □ Remove |
| | | | Change |
| AMBR | Kyle L. Biron | 904 Conrad Dr. | • Add |
| | | New Smyrna Beach, FL 32168 | Remove |
| | | | ☐ Change |
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| | date, if other than the date of | f filing: | | _ (optional) | |
| ctive | ive date is listed, the date must be spec | s not meet the applicable stat | f filing or more than 90 d utory filing requireme | lays after filing.) Purs ents, this date will r | uant to 605.0 not be listed |
| effect <u>e:</u> If | the date inserted in this block does | | | | |
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Page 3 of 3

Filing Fee: \$25.00