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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

	on Section Corporations
lst R	esponse Pressure Washing. LLC
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
	rrespondence concerning this matter to the following:
	Wesley Stevens
	Name of Person
	Firm/Company
	212 Bryan Oak Avenue
	Address
	Brandon, FL 33511
	City/State and Zip Code
	rocknchic_3@yahoo.com
For further informa	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:
Wesley Stevens	813 727-1468
þ	at () Iame of Person Area Code Daytime Telephone Number
Enclosed is a check	s for the following amount:
■ \$25.00 Filing F	-
F I P	AAILING ADDRESS: Registration Section Division of Corporations O. Box 6327 Callahassee, 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

1st Response Pressure Washing, LLC								
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)						
The Articles of Organization for this Limited Liability Company were filed on 4/27/2016 and assigned								
Florida document number L16000082473 This amendment is submitted to amend the following:								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liab	ollity company here:							
Stevens Pressure Washing, LLC								
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:	212 Bryan Oak Avenue							
(Principal office address MUST BE A STREET ADDRESS)	Brandon, FL 33511							
Enter new mailing address, if applicable:	same as above	3						
(Mailing address MAY BE A POST OFFICE BOX)		11.00 D						
		S C						
•		SS - Pari						
B. If amending the registered agent and/or registered o								
registered agent and/or the new registered office address her	<u>'e</u> :	FLORN N						
		RAN NO						
Name of New Registered Agent:		5 9						
New Registered Office Address:								
	Enter Florida street addre	255						
	, F	Torida						
	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 = Mi AMBR = At	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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			□ Remove

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