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(Requestor's Name)	—			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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06/16/16--01012--019 **25.00

SECRETARY OF STATE

COVER LETTER

Divisie	on of Corpo	rations				
SUBJECT: _	HignT	ide Pressure (Cleaning of the Pallited Liability Company	m Beaches l	LC	
			······· - · · · · · · · · · · · · ·			
The enclosed A	rticles of An	nendment and fee(s) are sub	mitted for filing.			
Please return al	l correspond	ence concerning this matter	to the following:			
		Trisha	Bemstein			
			Name of Person			
		Bemster	Name of Person Accounting Firm/Company			
		3450 No	Address	ut. 203	- 4•	
			Address		SEC ALL	
		Palm	Ben Guidens Fl	33443	JUN PAHA	71
		trisha	Ben Gurdens Fl City/State and Zip Code a bernstein tax	. com	JUN 16 FM 4: 24 RETARY OF STATE MHASSEE, FLORIDA	
	•	E-mail address: (to be used for future annual report notific	ation)	巴拉 單	
For further info	rmation cond	cerning this matter, please ca	all:		第5.4 2	
Tr	rsha	Bemstein	at (56 / 627 - Area Code Daytime	-1489	Be Comment	
	Name of Po	erson	Area Code Daytime	Telephone Number	_	
Enclosed is a ch	neck for the t	following amount:				
□ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y	

MAILING ADDRESS:

TO:

Registration Section

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

High Tide Pressure Cheanung of the Palm Braches LLC
(Name of the Limited Liability Company as if now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ty Company were f	filed on	6/9/14	and assigned
Florida document number <u>L/6000/1/829</u>	······································			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability co	ompany he	<u>re</u> :	16 SECF TALL,
The new name must be distinguishable and contain the words	Limited Liability Com	pany," the de	signation "LLC"	or the abbreviation "L.E."
Enter new principal offices address, if applicables				83 6 6
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	- .		4-24 0000A
B. If amending the registered agent and/or registered agent and/or the new registered office a	address here:			
Name of New Registered Agent:	EUGENE.	Heel	an oi	spelling wromon rigural document
New Registered Office Address:	5	ame		
New Registered Office Address: Enter Florida stree			da street address	
	, Florida			
	Cit	ty	, - 101	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Eugene Heelan *	same	<i>EDIT</i> □ Add
•	* speiling of last name was surengen original clocument.		□ Remove
6	document.		☐ Change
			Add
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		TO BE
		17ATE 24
Note:	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605.0207 (3)(b nts, this date will not be listed as the
	rd specifies a delayed effective date, but not an effective time, at 12 Oth day after the record is filed.	2:01 a.m. on the earlier of:
Dated	6/10/14	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00