116000 137398

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
ζ.	uu.000,	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
	locument Number)	
`	·	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400330200054

06/10/19--01013--012 **25.00

19 JUN 10 AM 8: 87
SECRETARY OF STATE FAIL AHASSEE PLOSIES.

.un 22 **2019** SCHROSOSE

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT	Paradist Pressure. Citaning & Window Washing LLC Name of Limited Liability Company	
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	n all correspondence concerning this matter to the following:	
	Biehard Harring Fenn Name of Person	
	Firm/Company	
	254 Timber Walk Trail	
	Jupiter, FL 3345 S City/State and Zip Code	
	harrington - 855 (Jamail: Com E-mail address: (to be used for future annual report notification)	
For further	nformation concerning this matter, please call:	
Buch	Name of Person at (561) 302 - 7344 Area Code Daytime Telephone Number	_
	a check for the following amount:	
S25.00	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \te	Status & y

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 ORGANIZATION OF

Paradise Pressure CA (Name of the Limited	Eaning (James Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L/b000/3739</u>	oility Company were filed on July 15, 20/6 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the Harrington flame Services La	the limited liability company here: C ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name grast be distinguishable and contain the wor Enter new principal offices address, if applican	
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	SSC TO
(Mailing address MAY BE A POST OFFICE BO	0X)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the receaddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Re	City Zip Code:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
		<u></u>	Remove
			Change
			SLCRE JAR SSEE J
			SAR BRemove
			SLCREIAR UP S AIE ORION
			Remove
			Change
			□ Add
			Remove
			☐ Change
			🖸 Remove
			☐ Change

. . . .

	
	SE SE
	AND THE SECOND S
	L 8: 81
	>
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605,0207 (3) i, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:() The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00