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SECRETARY OF STATE
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COVER LETTER

Division of Corporations	
SURJECT: A1A Coastal LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alexander Alvarez Name of Person	
A1A Coastal ZLC Firm/Company	
12555 Grange Drive	
Doure FL 33330 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alexander Alvancez at 954 744-0220 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	atus &
Mailing Address: Registration Section Street Address: Registration Section	

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

TO: Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -3 PM 4: 24 ited Liability Company as it now appears on our records ETARY OF STATE
(A Florida Limited Liability Company)

TALLAHASSEF, EL The Articles of Organization for this Limited Liability Company were filed on 08/26/2016 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lex Pressure Washing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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
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an effe lote:	te date, if other than the date of filing:
eume	nt's effective date on the Department of State's records.
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	01/24/22
	Signature of a member or authorized representative of a member
	With 7 C O
	Alexander Alvarez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

41 A Coastal	LLC 2022 FEB -3 PH 4: 24
	2022 FEB - 3 PH 4: 24 y Company as it now appears on our records.) Limited Liability Company) SEUTE TARY OF STATE MALL MASSEE. FL ompany were filed on 08 26 26 and assigned
The Articles of Organization for this Limited Liability Co	ompany were filed onand assigned
Plorida document number <u>L16000160940</u>	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limited and contain the words "Li	ited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
16 shanning Donictors	od Agenti

New Registered Agent's Signature, if changing Registered Agent:

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AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effect	ive date, if other than the date of filing:
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docum	tent's effective date on the Department of State's records.
	The Oth day after the
If the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is fi	ted.
13.4.4	a(1) 4/27
Dated	-c(1/24/27)
	Signature of a member or authorized representative of a member
	Alexander Alvarez Typed or printed name of signee
	Typed or printed name of signee