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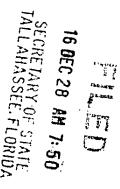
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJE	ест: <u>О. (</u>	Name of Limited Liability Company				
The en	closed Articles	s of Amendment and fee(s) are submitted for filing.				
Please	return all corre	espondence concerning this matter to the following:				
		Name of Person				
		Name of Person				
		O.C. Pressure Wosher, LLC Firm/Company				
		1823 Monte Cristo Vane				
		1823 Monte Cristo Vane Address				
		Kissimmee FL, 34758				
		Kissimmee FL 34758 City/State and Zip Code				
	•	O.Cpressvewsher Pyohoo.com E-mail address: (to be used for future annual report notification)				
For fur	ther information	on concerning this matter, please call:				
ď	rlando	CruZ at (U07) U54 - 1939 Area Code Daytime Telephone Number				
	Nar	me of Person Area Code Daytime Telephone Number				
Enclose	ed is a check for	for the following amount:				
k \$25	5.00 Filing Fee	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

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 AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

O.C. Pressure Washer				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>ý as it now appe</u> ability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company v	were filed on _	10 06 3	016 and assi	gned
Florida document number 116000186030				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company l	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	designation "LLC" o	or the abbreviation "L.I.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
			HAZ E	6 2
Enter new mailing address, if applicable:		<u> </u>	28 SSE SSE	franktive.
(Mailing address MAY BE A POST OFFICE BOX)			mo 🕦	
	**************************************		<u> 5°</u> - :	#7+M4:947
B. If amending the registered agent and/or registered off	ice address o	on our records.	entersthe name o	of the nev
registered agent and/or the new registered office address here:		in our records,	onteg-the hame	
·	•			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Fl	orida street address		
		, Flori		
	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 = Manager

AMBR = Authorized Member <u>Title</u> **Address Type of Action** 1823 Monte Cristo Ln Kissimmee FL 34758 ☐ Change Maria de los Angeles 1823 monte Cristo Un. D'Add
Cruz 40% ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change

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effe effe	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	i a.) Pursuan	t to 605.0
<u>e:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date nt's effective date on the Department of State's records.		
ume	it seriective date on the Department of State's records.		
ecc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	earlie
	90th day after the record is filed.	on the	carne
ed _	December 19th, 2016.		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00