

L/60000 198834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

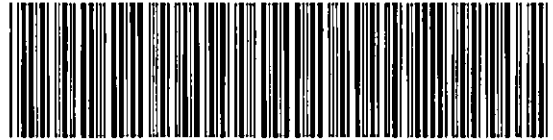
(Business Entity Name)

(Document Number)

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2018 OCT 23 PM 6:02

SECRETARY OF STATE  
TALLAHASSEE, FL

NOV - 5  
S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prestige Pressure Cleaning 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:

Dulan Fleming  
Name of Person

Prestige Pressure Cleaning LLC  
Firm/Company

1131 Ocean Court  
Address

Winter Springs FL 32708  
City/State and Zip Code

Prestigepressureclean@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dulan Fleming at (407) 538 2945  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Prestige Pressure Cleaning LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/27/2016 and assigned  
Florida document number L16000198834.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

1992 Spring Ave. Oviedo, FL  
32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1992 Spring Ave. Oviedo, FL  
32765

**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:

Dustyn Ribeiro

New Registered Office Address:

1992 Spring Ave. Oviedo, FL 32765

Enter Florida street address

Oviedo

City

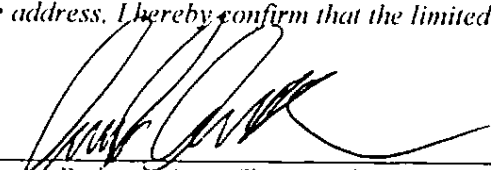
Florida

32765

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>	<u>Address</u>	<u>Type of Action</u>
MNGR	Christopher Zoccolillo	2440 Lake Vista Court	<input type="checkbox"/> Add
		APT 108, Casselberry FL	<input checked="" type="checkbox"/> Remove
		32707	<input type="checkbox"/> Change
MNGR	Dylan Fleming	1131 Odan Court, Winter	<input type="checkbox"/> Add
		Springs FL, 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNGR	Dustyn Riveiro	1992 Spring Ave. Oviedo, FL	<input checked="" type="checkbox"/> Add
		32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

10/16/2018

1916

Signature of a member or authorized representative of a member

# Dylan Fleming

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL