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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	i .
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section

Division of Cor	porations	<u>.</u>	,,4		
Brandon No	orris LLC A.R.C. Pressure Wa	shing	4° '		
SUBJECT:	Name of Lim	nited Liability Company			
	Amendment and fee(s) are sub	<u>-</u>			
	Brandon Norris				
	7741101111	Name of Person		-	
	Brandon Norris LLC A.R.	C. Pressure Washing			~
		Firm/Company			61 3EG 78
	2448 New York St.			-	8
	L 51 22565	Address			·::
	Jay, FL 32565			_	
	arcpressurewashing@yahoo	City/State and Zip Code		,	11: 11: 28
		to be used for future annual report not	ification)		
For further information e	oncerning this matter, please c	all:			
Brandon Norris		850- 530-6322			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632		The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brandon Norris LLC A.R.C Pressure Washing (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 12/14/2016 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 , Florida

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.

City

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>	Type of Action
VP	Mary Kelley Martin	2448 New York St.	≡ Add
		Jay. F1. 32565	□Remove
			□Change
			□Add
		Ghange Golden	
			 ⊕ □Change
			□Remove
			□Change
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			□Change
			
			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the ument's effective date on the Department of State's re-	e prior to date o applicable stat	f filing or more than nutory filing requi	(optional) 90 days after filing ements, this date	.) Pursuar will not	nt to 605,020 be listed :
cord specifies a delayed effective date, but not an effective date.	ctive time, at 1	2:01 a.m. on the 6	arlier of: (b) TI	ie 90th d	ay after the
ed December 13 . 2022	·				
		presentative of a me	<u>-</u>		