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Special Instructions to I	Filing Officer.	





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SECRETARY OF SPATE
VALLAHASSEE, FI GRIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Make Pressure Washing 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:	
Michael Wallace Name of Person	
Mako Pressure Washing 11C	
9918 NW 56th Place	
Colal Springs, FL 33076 City/State and Zip Code	
E-mail address: (to b) used to future annual report notification)	
For further information concerning this matter, please call:	
michael Wallace at 954, 621-8584	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25,00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Mako Pressur	e Washin	a LLC	FILE	D
(Name of the Limited	Liability Company as it Florida Limited Liability	ndw appears on Company)	our records.) 2818 ASG - S	A k 90
The Articles of Organization for this Limited Lial Florida document number LIGOO 205	bility Company were f	iled on <u>12-</u>	LOCRETO VIO ALLAHASSEE	F STATE assigned FLORIDA
This amendment is submitted to amend the follow	ving:		٠,	· :
A. If amending name, enter the new name of the new name must be distinguishable and contain the work.			ation "LI.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		-	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		-	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our	r records, enter	r the name of the n
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s i		
		rmer r torida și		
	Cit	y '	Florida	Zip Code
NO. 10 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				

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 a 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note: If the d	e, if other than the oute is listed, the date must late inserted in this blodective date on the Dep	ck does not mee	t the applicable st	of filing or more the	(optional an 90 days after filin uirements, this dat) g.) Pursuant to 605.01 e will not be listed
	pecifies a delayed day after the reco		e, but not an e	effective time	, at 12:01 a.m.	on the earlier
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Page 3 of 3

Filing Fee: \$25.00