# 1700000075

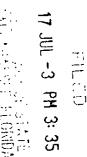
(Re	equestor's Name)	
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S. WARREN
JUL 0 5 2017

# **COVER LETTER**

TO:	Divis	ion o		porati				4,			
SUBJE	CT: ,	<u> </u>	10	Z	Re <u>j) O v'cr.</u> Name o	1707 f Limited	7 477 Pres - I Liability Company	SUIT C.	Washing	Services	LLC
The en	closed	Artic	les of	Ameno	lment and fee(s) ar	e submi	tted for filing.				
Please	return	all co	rrespo	ndence	concerning this m	atter to	the following:				
						, 0./1.7-	Same of Person				
					·		Firm/Company				
				<del></del>	922	52	Address		·		
					<u>Crain</u>	1656'	$\frac{11 \cdot F}{\text{City/State and Zip Code}} = \frac{3.24 \cdot G}{1.00}$	<i>5</i> /			
					to 2 1 Cale V. E-mail add	<u>4 1 167</u> tress: (to	be used for future annual rep	ingrail.	. <u>CO/1</u>		
For fu	rther ii	itorm	ation (	concer	ing this matter, ple	ease call	t:				
			Name (	of Perso	pn		at () Area Code = U	Daytime Tele	phone Number		
Enclo	sed is	ı ahec	k for t	the foll	owing amount:						
<b>□</b> \$3	25.00 F	iling	Fee	<b>©</b>	\$30,00 Filing Fee Certificate of Sta		□ \$55,00 Filing Fee & Certified Copy tadditional copy is enclose	dj	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & 7	

### 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

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Cor	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	9.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
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:  Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street o	nddress
		Florida
		ир Соав
New Registered Agent's Signature, if changing Registered	J.I.,	·

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 Type of Action Address **Title** Name Steven James 932 St 12th Avenue Charles 1/2 Wade ☐ Remove ☐ Remove \_\_\_\_ Change ☐ Remove ☐ Change  $\square$  Add ☐ Remove ☐ Change  $\square$  Add □ Remove hange ည္ဟ □ Change

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	ctive date, if other than the date of filing: (optional)
ne m	ctive date, if other than the date of filing:
ot	If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as iment's effective date on the Department of State's records.
٠,	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
: 1 Th	ne 90th day after the record is filed.
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	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
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Filing Fee: \$25.00