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Office Use Only



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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Washed out Dresue Washing, LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Crystal DabbS Name of Person
	Firm/Company
	996 Hyzer Ct NE Address
	Palm Bay, FL 32907 City/State and Zip Code
	Crystal dalzell@a01-COM E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
(Name of Person at (331) 313-9443 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	00 Filing Fee \$\square\$ \$\$30.00 Filing Fee & \$\sum \$\$55.00 Filing Fee & \$\sum \$\$60.00 Filing Fee, \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ \$\text{Certified Copy}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$ \$\text{Certified Copy}\$ \$\text{(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

Florida document number 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 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 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

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

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 limited limits

company has been notified in writing of this change.

ORDA ORDA If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			Remove
			☐ Change
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Filing Fee: \$25.00