117000 126711

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400322184854

01/14/19--01006--016 **25.00

MAT AREAS FOR

1/18/1995

COVER LETTER

TO: Registration So Division of Co		•	
	ashing Specialists of SWFL, L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew Dodge		
		Name of Person	
	PWS of SWFL. LLC		: 21
		Firm/Company	
	37320 Roosevelt Road		ress d Zip Code arture annual report notification) 1 7251308 a Code Daytime Telephone Number Filing Fee & Certificate of Status &
		Address	<u> </u>
	Myakka City, FL 34251		(i) (i) (i) (ii) (ii) (ii) (ii) (ii) (i
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	andrewdodge14@yahoo.co		-
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Andrew Dodge		941 7251308 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ING ADDRESS:		
	ration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pressure Washing Specialists of SWFL, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con Florida document number L17000126711	mpany were filed on <u>06/07/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
PWS of SWFL, LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	:SS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
		10:
(Mailing address MAY BE A POST OFFICE BOX)		7 :7
		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter r torida street addres	N .
		orida
	City	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>	Type of Action
MGR	Colt Zipperer	552 CATARZI WAY	
		Sarasota, FL 34222	
		Salasota, 11, 34222	■ Remove
			Change
			☐ Add
			□ Remove
			Change
			Add
			Fi-Remove
			Change,
			G O'Add
			ு Bemove
			Change
			□ Add
			□ Remove
			Change
			🖸 Remove
			Change

			<u></u>
			
			
	·		
		7119	
		700 E	
		57 <u>— 57 —</u>	
			, i ;· _j
		<u> </u>	;
		5. S	1
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prio	r to date of filing or more than 90 c	_ (optional) favs after filing.) Pursuant	to 605.0207
ote: If the date inserted in this block does not meet the appli- ocument's effective date on the Department of State's records	cable statutory filing requirement	ents, this date will not b	be listed as
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 1	.2:01 a.m. on the	earlier of
ated	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee