## 117000151935

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

SUBJECT: Grease Busters How Cleaning and 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:
Paulton T Fields Name of Person
Grease Bustons Hard (Illuming und Pressure Washing, LLC)
6927 Huntington Woods Circle E
Juckson ville, FL 30044  City/State and Zip Code
Greube bus Acres 904 6 Cmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paulton T Field'S at (904) 903-1270  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Greise Posters Hid Cleani	y as it now appears on our records.) ability Company)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 17 000 15 1 9 35</u> .	were filed on Joly 17, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Crease Bisters Extreme Cle The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	·
Enter new mailing address, if applicable:	NIA DISTRICT
(Mailing address MAY BE A POST OFFICE BOX)	m = g = m
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Many Desirement Assetts Clausering of the section Desirement Assets	

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.

Λ',	<i>i</i> A
If Changing Regist	ered 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

Title	<u>Name</u>	Address	Type of Action
	NA		
			☐ Remove
			□ Change
			Remove
			Change
			Add Change 2: 1
			P Color
			Change ( )
			Change
	-	-	□ Add
			Remove
			Change
			□ Remove
			Change

- - -

	NIA	7. By
	ding any other information, enter change(s) here: (Attach additional sheets, if necessary)	70 A.
		Tax.
<del></del>		
		<del></del>
	100 30	
		•
_		
Effective f an effect	te date, if other than the date of filing: (optional cannot be prior to date of filing or more than 90 days after filing or more than 9	d) ng.) Pursuant to 605,0207 (3)
<u>Note:</u> If	f the date inserted in this block does not meet the applicable statutory filing requirements, this da	te will not be listed as the
aocumen	nt's effective date on the Department of State's records,	
ne recoi	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	on the earlier of
	90th day after the record is filed.	i. on the carrier of
Dated	Fuguest 11 2017.  County the County Signature of a member or authorized representative of a member	
	Parish the 10	
	Signature of a member or authorized representative of a member	
	Paulton Freids Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00