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## **COVER LETTER**

O: Registration Section Division of Corporations  SUBJECT: LOD Blast Pressure Washing LLC  Name of Limited Hiability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tracy Cunningham Name of Person
Firm/Company
1390 Weiman Ral SE
Palm Bay F1 32909 City/State and Zip Code
Tracysells sealestate a amileo M E-mail address: (to be used for luture Innual report notification)
For further information concerning this matter, please call:
Tracy Cunningham at (32) 508 7098  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Signature of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	ORGANIZATION  Or
ECO RIEST PRESSURE Wash (Name of the Limited Liability Compa (A Florida Limited I	iny as/it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4/12/2018 and assigned
	1000141087
This amendment is submitted to amend the following:	
-	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	No. Company "the designation WI I C" as the other size of 1 C"
Enter new principal offices address, if applicable:	Luis Rivera
(Principal office address MUST BE A STREET ADDRESS)	451 AMERICANA BLVD NE
	Palm Bay, Fl 32907
Enter new mailing address, if applicable:	451 AMERICANA BLVD NE
(Mailing address MAY BE A POST OFFICE BOX)	Palm Bay, Fl 32907
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Ten registered Office Address.	Enter Florida street address
	, Florida

## 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.

City

Zip Code

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>	Address	Type of Action
AMBR	Tracy Cunningham	1390 Weiman Rd SE	🗀 Add
		Palm Bay FI 32909	<b>■</b> Remove
			[]Change
MGR	Luis Rivera	451 AMERICANA BLVD NE	<b>■</b> Add
		Palm Bay, Fl 32907	□Remove
		<del></del>	☐ Change
			□Add
			□Remove
			□Change
	<del></del>	□Add	
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		<del></del>	□Remove
			□Change

Effective date, if other than the date of filing:  01/19/2020  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated  01/01/ 2019  May Aggrature of a member or authorized representative of a member	·	
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Signature of a member or authorized representative of a member		
	hoes 1	Luhan

Filing Fee: \$25.00

Typed or printed name of signee