# 11700164883

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
subject: <u>ET</u> 1	Pressure Clean in Name of Line	1. LLC fled Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EKIC MYEI	Name of Person	
		ESSURCE Cleaning, L	(C
	333 MID	PINES RD Address	<del></del>
	Palm Spei	NYS, FL 33161 City/State and Zip Code	
	<u>Et fillssir</u> E-mail address: (1	rec/cuning/le@ama	ication
For further information co	oncerning this matter, please ca	all:	
ERIC MI Name of	ICRS Person	at ( <u>57/1</u> ) <u>3/7-15</u> Area Code Daytime	771 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

ET PRESSURE L	A CANINA; LLC ty Company-as it now appears on our r Limited Liability Company)	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company-sk it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C Florida document number <u>117000164883</u>	ompany were filed on9 - 2 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDR	<u> </u>	
		<b>17</b> - <b>1</b>
Enter new mailing address, if applicable:		DEC +
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regis	stered office address on our re	cords, enter the name of the new
registered agent and/or the new registered office add		(5)
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	uldress
		, Florida
	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 Type of Action Title Address Name 333 MID PINES Rd PALM SPRING, FL 33461 M/12 ERIC MYERS \_□ Remove \_ Change □ Add \_□ Remove \_ Change □ Add ☐ Remove \_□ Change □ Add \_\_\_\_\_ Remove \_\_\_\_\_ 

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effective date ite: If the date	s listed, the date must inserted in this blo	be specific and can ck does not meet	mot be prior to a t the applicabl	date of filing or n e statutory filin	ore than 90 days g requirements	after filing.) Purs , this date will	not be list
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