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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rinse Co 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:
Kelly NTelsen Name of Person
Firm/Company
8824 Longmont Way
Milton, FZ 32583 City/State and Zip Code
Kelly nielsen 35@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly Nielsen at (850) 208 - 8677 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & 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

	sure Washing LLC
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L17000 203</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Nielsen Property	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
	ALL ALL
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	The state of the s
	3 5 5
3. If amending the registered agent and/or regi	stered office address on our records, enter the name of the n
egistered agent and/or the new registered office add	dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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:

$M\dot{G}R = M$ $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00