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(Red	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sect Division of Corpo			
enn	J & L House	washers LLC		
SUD.	JECT:	Name of Limi	ited Liability Company	
The c	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	e return all correspond	dence concerning this matter	to the following:	
		Jeffrey Michael Lapinski		
			Name of Person	
		J & L Housewashers LLC		
			Firm/Company	
		1783 Chatham Village Dri	ve	
			Address	
		Fleming Island, FL 32003		
			Name of Person Firm/Company ve Address City/State and Zip Code to be used for future annual report notification) all: 240	
		jefflapinski@outlook.com	to be used for future annual report noti	fication)
For fi	urther information coi	ncerning this matter, please ca	•	incumon,
Jeffre	ey Michael Lapinski		240 346-3921 at ()	
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for the	following amount:		
■ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

J & L Housewashers LLC		
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000244327	Company were filed on 29 November, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
J & L House Washing LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent:	·	nter the name of the ne
New Registered Office Address:	Enter Florida street address	22.
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	E CO

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be price	(optional) or to date of filing or more than 90 days after filing.) Pursuant	o 605.
e: If the date inserted in this block does not meet the appli	icable statutory filing requirements, this date will not be	
ument's effective date on the Department of State's record	S.	
record specifies a delayed effective date, but n	ot an effective time, at 12:01 a.m. on the ϵ	arlie
he 90th day after the record is filed.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00