L1800000 2581

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	S PRESSURE CLEANING, L	L.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DEMETRIUS HARPER		
		Name of Person	
	PRICELESS DELIGHTS	LLC	
		Firm/Company	
	13354 SW 281ST TERRA	CE	rs 1
		Address	·
	HOMESTEAD, FL 33033		•
		City/State and Zip Code	
	DEMETRIUSHARPER876	-	ç
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
DEMETRIUS HARPER		786 4739466 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRICELESS PRESSURE CLEAN	ING, LLC			
(Name of the Limi	ted Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L18000002581	iability Comp	any were filed on $\frac{01/0}{}$	3/2018	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited l	iability company her	<u>e</u> :	
PRICELESS DELIGHTS LLC				
he new name must be distinguishable and contain the v	vords "Limited L	iability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	N/A		
Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		N/A	5	737.
(Mailing address MAY BE A POST OFFICE E	BOX)		i.	55
			,	į
			•	
 If amending the registered agent and/or ingent and/or the new registered office address. 		ce address on our rec	ords, enter the nam	ne of the new registe
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
	-	Enter Florid	a street address	

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
N/A 				□Add
				□Remove
	,			□Change
				🗆 Add
				□Remove
				□Change
			2821	
				□Remove
			2	:
				□Add
				□Remove
				□Change
				□ Add
				□Change

				
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Note: If the date inserted in this	the date of filing:	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605. irements, this date will not be liste	0201 d as
record specifies a delayed effect is filed.	rtive date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day after	the
JUNE 29 Dated	2020	·		
2	Mothics 1-lines Signature of a member or auth			

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