## 118000018973

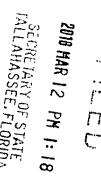
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	7-818-0-2
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

**Registration Section** 

Divi	ision of Corp	porations	•	•
SHRIECT.	All Things I	Pressure Washed, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please return	all correspon	ndence concerning this matter	to the following:	
		Steven Lewis		
			Name of Person	
		All Things Pressure Washe	ed	
			Firm/Company	
		3816 River Grove Dr.		
			Address	
		Tampa, FL 33610		
		petelew1224@yahoo.com	City/State and Zip Code to be used for future annual report noti	
		E-mail address: (	to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca		
Steven Lewi	S		at (at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Control	enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Steven Lewis		
( <u>Name</u> of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
(/111	orda Emilion Statistical Company,	
The Articles of Organization for this Limited Liabili	ty Company were filed on January 31, 2018	and assigned
Florida document number L18000028973	<u> </u>	<del></del>
Florida document number	<del></del> '	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words '	"Limited 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 AL	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our records, ente	r the name of the new
Name of New Registered Agent:		D. N
N. B. (1. 1000 411		ECC DE
New Registered Office Address:	Enter Florida street address	<del>- \$0</del> <b>2</b>
		SSI
_	, Florida _	
	•	FS TI
New Registered Agent's Signature, if changing Regis	tered Agent:	SE :
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my duties, and I am ed agent as provided for in Chapter 605, F.S. Of stered office address, I hereby confirm that the l	familiar with and r, if this document is

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	Rudolph A. Riley	3816 Rive Grove Dr.	Add
		Tampa, FL 33610	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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Filing Fee: \$25.00