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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Power & Soft WASH Solutions L.L.C. 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:
LEANDRO FARIAS Name of Person
Name of Person
twif
Firm/Company
103 BALBOA COURT
Address
SANFORD FL. 32773 City/State and Zip Code
Femail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LEANDED FARIAS at (40+) 732-3144 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$ Certified Copy (a

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

POWER & SOFT WASI	+ Solutions L.L.C.	
(Name of the Limited Li (A F	A Solutions L.L.C. ability Company as it now appears on lorida Limited Liability Company)	our records,)
The Articles of Organization for this Limited Liability	•	and assigned
Florida document number <u>L 80000 32383</u>	 •	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	B MAR
(Principal office address MUST BE A STREET A	DDRESS)	HATT-
		<u> </u>
		PM .
Enter new mailing address, if applicable:	 	7: OF
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amounting the projectional areas and/on-		
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, enter the name of the new
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:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEANDRO FARIAS	103 BABOA et. Sanford, Fl. 32773	i# Add
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Filing Fee: \$25.00

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of POWER & SOFT WASH SOLUTIONS L.L.C., a limited liability company organized under the laws of the state of Florida, filed electronically on February 05, 2018 effective February 01, 2018, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L18000032383.

Authentication Code: 180207112612-400308688514#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of February, 2018



Ken Detzier Secretary of State