LIF 0000 37724

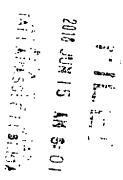
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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06/04/18--01038--005 **25.00



J. HARRIS

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Parez	Pain lins & Name of Limit	Oressure was her led Liability Company).lc
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Marlin	Parez Name of Bureon	
	feld	Name of Person	
		Pira/Company	
	2102 SE	Shelter dr Address	
	Port Spint	City/State and Zip Code Oro: 2338 & Email be used for future annual report notifica	1952
	May In P	a re 2338 & EMA! O be used for future annual report notifica	- COM
For further information con-	cerning this matter, please cal	II:	
Markin Name of Po	Qere.1_	at (772) 981 – Area Code Daytime To	elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing 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)

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



June 6, 2018

MARTIN PEREZ 2102 SE SHELTER DR PORT SAINT LUCIE, FL 34952

SUBJECT: PEREZ PRESSURE WASHER LLC

Ref. Number: L18000033324

We have received your document for PEREZ PRESSURE WASHER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign LLC, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

2010 JUN 15

Letter Number: 318A00011824

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited !	CSSUかを Liability Compar Florida Limited L	y as it now appears on lability Company)	our records.)		
The Articles of Organization for this Limited Liabi		were filed on	· 05- 18	and assigr	ied
This amendment is submitted to amend the following	ng;				
A. If amending name, enter the new name of th	e limited liabi	lity company here:			
Perez painting 8 The new name must be distinguishable and contain the word	Pres	ty Company," the design	ASNEV	LLE obreviation "L.L.C	· · ·
Enter new principal offices address, if applicabl		2102 Port SA 34952	int lucie	- 61_	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here	:			
Name of New Registered Agent:	Max	45N C	Peiez		
New Registered Office Address:	2102	55 Si Enter Florida s	nelter treet address	dr_	
1	Port Sc	oint luci	<u>⟨</u> . Florida	34952 Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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 505, 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Martin poraz	2102 SE Sneller dr PSL F1 34952	Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
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			Change
		Remove	
			Change
			□ Remove
			☐ Change

f amending any other info	mation, enter c	:nange(s) nere: (A	нася adaitional sn	iceis, ij necessar	y.)
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Effective date, if other than an effective date is listed, the date Note: If the date inserted in the locument's effective date on the record specifies a delay	is block does not ne Department of ayed effective	meet the applicable: State's records. date, but not an	statutory filing requi	rements, this date	e will not be listed as
The 90th day after the					
ated Tung	2	. 2018			2018 Ju
		h	11/1	`	225 17 2 22
	Signature of a	member or authorized	representative of a mo	ember :	S S S
	1		•	ember	
Max	1		•	ember	5 X 5 X
	1	nember or authorized CCC Typed or printed nai	•	ember	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Filing Fee: \$25.00