## 1180000348112

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cover letter

· TO: Registration Section **Division of Corporations** of Limited Liability Comp The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Pressure Wa (Name of the Limited Liability Company as it (A Florida Limited Liability	Shing LLC now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill for the following formula document number 1800034812	iled on Feb. 7, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF STATE FALL AMASSEE. FLORIDA  18 FEB I 4 PM 7: 32
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
Ci	y , Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a	

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

	Authorized Person(s) authorized to m from our records:	anage, <u>enter the</u>	the title, name, and address of each person being added		
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>		Type of Action	
MGR	Timothy Haines	3416 Wes	Tyringham Dr. + Palm Beach, R 35	☑ Add 34 ੴ □ Remove	
				Change	
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D. If am	ending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)	
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(If an ci <u>Note:</u>	tive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date o  If the date inserted in this block does not meet the applicable state the ment's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 story filing requirements, this date will not be listed	0207 (3)(b) d as the
If the re	cord specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlie	r of:
Dated	February 12, 2018.		
	Signature of a member or authorized rep	and the contract of a marrier	
	Visco ( ) I O C C	A communication of a member	
	Typed or printed name	of signee	

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Filing Fee: \$25.00