

118 0000 34812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

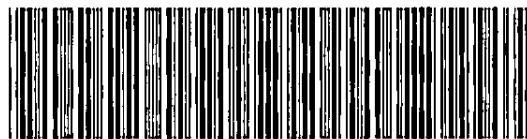
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/08/20--01018--010 \*\*43.75

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 SEP -8 PM 4:03

FILED

SEP 08 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 8 12 12:00

August 19, 2020

TIMOTHY HAINES  
FLORIDA PRESSURE WASHING, LLC  
3416 TYRINGHAM DRIVE  
WEST PALM BEACH, FL 33406

SUBJECT: FLORIDA PRESSURE WASHING, LLC  
Ref. Number: L18000034812

We have received your document for FLORIDA PRESSURE WASHING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 220A00015822

You didn't return my check so I  
assume you are going to apply it to  
the LLC paperwork.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Pressure Washing, LLC  
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:

Timothy Haines  
Name of Person  
Florida Pressure Washing, LLC  
Firm Company  
3416 Tyringham Drive  
Address  
West Palm Beach, FL 33406  
City/State and Zip Code  
timhaines07@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Haines at (561) 310-6349  
Name of Person Area Code Daytime Telephone 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Florida Pressure Washing, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 SEP -8 PM 4:03  
CLERK OF SUPERIOR COURT  
FLORIDA 9801 E. FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

Florida document number L18000034812

This amendment is submitted to amend the following:

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 ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	David Davis	1240 Zill Street West Palm Beach, FL 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 1, 2020

Signature of a member or authorized representative of a member

Timothy S. Haines

Typed or printed name of signee