L18000057401

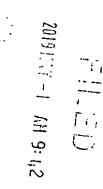
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MAY 13 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brackwoods Pressure Washing, UC 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:
Haleigh Jenkins Name of Person
BACKWOODS Pressure Washing
421 KINGS LAKE BIVA
Defuniak Springs, FL 32433
HOUKAUSENKS COMONI. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAIEIGN JENKINS at (960), 598-71 WO Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Backwoods Presssu	re Wishing CL	<u> </u>		
(Name of the Limited Liability Compa (A Florida Limited I		_		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800057401</u> .	were filed on 3 5 2018) and	Lassigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab BOCKWOODS PYESSURE WAS	ning and Lawr	\	n "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		2.5	201	
		•	181	
Enter new mailing address, if applicable:			<u> </u>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)				
		* *	- بو	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>e</u> re:	nter the na	mer of_	the new
Name of New Registered Agent:		-		
New Registered Office Address:	Enter Florida street address	<u>-</u> -		 -
	. Floric	ła		
	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>	Address	Type of Action	
			Add	
			Remove	
			Change	
			Add	
			☐ Remove	
			□ Change	
			Remove	
			☐ Change	
			☐ Remove	
			Change	
			Add	
			☐ Remove	
			Change	
			☐ Remove	
			□ Change	

Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 April 28 . 2019.
	Signature of member or athorized representative of a member
	Halerah Jenkins

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Filing Fee: \$25.00