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SECRETARY OF STATE

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COVER LETTER

Division of Corporations
SUBJECT: BK Powerwashing & More LLC Name of Linated Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian Keefe Name of Person
BK Powerwashing & More LLC Firm/Company,
85 Rains Ct Address
Ponce Inlet FL 32127 City/State and Zip Code
BKPocerva shing 1 panail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian Keefe at (434) 284-2236 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

RR Power Dashing (Name of the Limited Liability (A Florida	C E MOCE LLC y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 3618 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	
	SSE SSE
Enter new mailing address, if applicable:	FLOO 9.
(Mailing address MAY BE A POST OFFICE BOX)	ATE 27
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress 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> **Type of Action** Name 1 <u>Address</u> MGR Brian Keefe 85 Rains Ct Ponce Inlet FL 32/270 Remove ☐ Change mar Kerry Kulik 85 Rains C+ DAdd Ponce Inlet, FL 32127 gemove _□ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	9: 27	LORIDA
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E. Effective date, if other than the date of filing: (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.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	rsuant to 605.020 not be listed a	07 (3)(b is the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earlier o	of:
Dated April 4 2018.		
Signature of a member authorized representative of a member Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00