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(Requ	uestor's Name)
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Sc Division of Cor			
	ER WASH PRO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	CYNTHIA GONZALEZ		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	PJD POWER WASH PF	RO LLC	
		Firm/Company	
	1048 PRINCETON DR		
		Address	
	CLERMONT FLORIDA	34711	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
CYNTHIA GONZALEZ		at (
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

, то:

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

PJD POWER WASH PRO LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 03/08/2018	and assigned
Florida document number L18000061163		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	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 of registered agent and/or the new registered office address here		the name of the negret $\sum_{i=1}^{\infty} i ^2$
Name of New Registered Agent:		ONE A
		28.55 25.55
New Registered Office Address:	Enter Florida street address	Trois F
	, Florida	0 S C
	City	ZIp Codes

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>	Name	Address	Type of Action
MGR	CYNTHIA GONZALEZ	1048 PRINCETON DR	Add
		CLERMONT FLORIDA 34711	D 25
			☐ Change
			□ Add
			Remove
			Change
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Effectiv	ve date, if o	ther than the sted, the date must	date of filir	ıg:		651	.1 00 1	(optiona	ıl)		0007
Note: 1	If the date in	sted, the date must serted in this blo e date on the De	ock does not	meet the ap	plicable st	ar ming or m itutory filin	e rednitemet	ys alter mil its, this da	te will no	t be liste	d as 1
docume	mi s checuv	e date on the 196	partment of	State S rec	Jius.						
		es a delayed after the reco			not an e	effective t	ime, at 12	2:01 a.m	i. on the	e earlie	r of
	MAY 26	,		2018							
Dated _	/										

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00