

L18000101201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/04/19--01005--017 **25.00

FILED
2019 MAR -4 PM 3:00
SECRETARY OF STATE
ALABAMA
19 MAR -4 PM 12:01
RECEIVED

M. MILLIGAN
MAR 04 2019

M. MILLIGAN
MAR 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida's Best Pressure Cleaning 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:

Samara Somoza
Name of Person

Firm/Company

1190 Smoke Rise Ln
Address

Tallahassee, FL 32317
City/State and Zip Code

Sammy.Somoza@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samara Somoza at (754) 244-6501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 MAR -4 PM 3:00

Florida's Best Pressure Cleaning 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 4-23-19 and assigned
Florida document number L18000101201

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>Apt 102</u>	<u>Type of Action</u>
AMBR AMBR	JAVON SOMIZA	10054 Winding Lake Rd		<input checked="" type="checkbox"/> Add
		Sunrise, FL 33351		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR AMBR	David Calvo	240 Lakeview Dr		<input checked="" type="checkbox"/> Add
		Weston FL 33326		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR AMBR	Franklin Osario	5715 NW 14 Ct		<input checked="" type="checkbox"/> Add
		Lauderdale, FL 33313		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

[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.

3-4-19

Samara Samota

Typed or printed name of signee

FILED
2019 MAR -4 PM 3:00
CLERK OF DISTRICT COURT
ALLAHABAD