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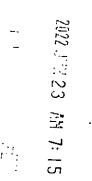
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| Special Instructions to Filing Officer: |
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Office Use Only



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of 9/10/222

## **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT:   | Name of Limit                                | ted Liability Company   |  |
|--|--|---|--|
| The enclosed Articles of                                   | Amendment and fee(s) are sub-                | nitted for filing.  |  |
| Please return all corresp                                  | ondence concerning this matter t             | o the following:  |  |
|  | NATHANIEL T WHITTE                           | RS  |  |
|  |  | Name of Person  |  |
|  |  | Firm/Company  |  |
|  | 761 W PENNSYLVANIA                           |   |  |
|  |  | Address   |  |
|  | LAKE HELEN, FL 32744                         | City/State and Zip Code   |  |
|  | JENNYVILA@JENNYSTA                           | •   | ification)   |
| For further information                                    | concerning this matter, please co            |   |  |
| NATHANIEL T WHIT   | TERS   | 386 747-5108  |  |
| Name   | of Person                                    | Area Code Daytin  | ne 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 &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr<br>Registration<br>Division of<br>P.O. Box 63 | Section<br>Corporations                      | Street Address:<br>Registration So<br>Division of Co<br>The Centre of     | rporations   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 23 AM 7: 15

DIRTY HOUSE DOCTOR, 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 Com   | many were filed on <sup>05/22/2</sup> | 018 and assigned                         |
|---|---------------------------------------|--|
| Florida document number <u>L18000128315</u>   |                                       | and assigned                             |
| <del></del>   |                                       |  |
| This amendment is submitted to amend the following:   |                                       |  |
| A. If amending name, enter the new name of the limited  | d liability company here:             |  |
| DIRTY HOUSE DOCTOR PRESSURE CLEANER, LLC  |                                       |  |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the design        | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                                       | <u> </u>                                 |
| (Principal office address MUST BE A STREET ADDRES   | <u>(SS)</u>                           |  |
|   |                                       |  |
|   |                                       |  |
| Enter new mailing address, if applicable:   |                                       | · · · · · · · · · · · · · · · · · · ·    |
| (Mailing address MAY BE A POST OFFICE BOX)  | -                                     |  |
|   |                                       |  |
|   |                                       |  |
| B. If amending the registered agent and/or registered of<br>agent and/or the new registered office address here:  | ffice address on our recor            | ds, enter the name of the new register   |
| - Spirite and a |                                       |  |
| Name of New Registered Agent:   |                                       |  |
|   |                                       |  |
| New Registered Office Address:  | Enter Florida s.                      | treet address                            |
|   |                                       |  |
|   | City                                  | Florida<br>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 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 |
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| ective date, if other than<br>effective date is listed, the da<br>e: If the date inserted in the<br>fument's effective date on the | n the date of filing: _<br>te must be specific and ca<br>his block does not mee | nnot be prior to date out the applicable sta |                       |                                       |              |
| ord specifies a delayed ef<br>filed.   | fective date, but not an  | effective time, at                           | 12:01 a.m. on the ear | ier of: (b) The 90th d                | ay after the |
| d JUNE 20  |   | 2022   |                       |                                       |              |
|  | M   | A  |                       |                                       |              |

Typed or printed name of signee