# 11800141639

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 26 2018

## **COVER LETTER**

TO: Registration Se - Division of Cor			
SUBJECT: Afte	notic Pressure L Name of Limi	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Ruben</u> G	Name of Person	<u></u>
		Firm/Company	
	3600 NIPA C	Address	
	Circentage S	City/State and Zip Code  Stic Dress une little to be used for future annual report notif	hing, net
For further information of	oncerning this matter, please ca		•
Ruben Rese	do Person	at ( <u>904</u> ) 710 - ) Area Code Daytimo	988 Telephone Number
Enclosed is a check for th	e 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:

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

Patriotic Pressure was (Name of the Limited Liability Compa	hing LLC.	
(Name of the Li <u>mited Liability Compa</u> (A Florida Limited I	ny as it how appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>41800141639</u> .	were filed on Jone 6-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "L.L.
Enter new principal offices address, if applicable:		SEC 338
(Principal office address MUST BE A STREET ADDRESS)		
	- <del></del> -	<b>9</b>
		A RP OF S
Enter new mailing address, if applicable:		9. %
(Mailing address MAY BE A POST OFFICE BOX)		<b>2</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev
regimered agent and on the new regimered wheel and easy new	<u>-</u> '	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	City	Zw 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
MGR	Ruben G. Rossado	3600 Nipa DZ	
		Green Cove Spring, Florida	🗆 Remove
		32043	Change
<del></del>			
			□ Remove
			Change
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	re: (Attach additional sheets, if necessary	•,
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be pr Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's record	icable statutory filing requirements, this date	) Pursuant to 605.0207 will not be listed as
ne record specifies a delayed effective date, but r The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. (	on the earlier of
Dated July 17 2018	<u>.</u> .	
Signal of agnember or au	horized representative of a member	
Ruben G. Ro Typed or pri	- 15	

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Filing Fee: \$25.00