L18000141869

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Sty	les Power Wa Name of Limi	sh LLC ited Liability Company	
	Amendment and feets) are sub-	-	
·		Styles Name of Person	
	Styles F	Power Wash Firm/Company	
		Jez Rd Address	
	St. Augustin	Chy/State and Zip Code 11 espower Wash. Com to be used for future annual report notifi	~ cation)
For further information co	neerning this matter, please ca	alt:	
Darren Style Name of	Person	at (<u>904</u>) <u>347- 2</u> Area Code Daytime	2267 Telephone Number
Enclosed is a check for the	c following amount:		
\$25.00 Filing Fee	S30.00 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)
MAII II	NC ADDRESS:	STREET/COURIE	B AMBESS

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Styles Power Was	h	
(Name of the Limited Liabil	lity Company as it now appears on our records.) da Lunited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L 1800014186</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreve	iation "L.L.C."
Enter new principal offices address, if applicable:		18
(Principal office address MUST BE A STREET ADD	RESS)	Jul III
		2 40
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2 5º
B. If amending the registered agent and/or registered agent and/or the new registered office add		name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 2	Lip 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>	Name	Address	Type of Action
<u>Owner</u>	Darren Styles	135 Menendez RJ St. Augustin	L1 37080
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Effective date, if other t (If an effective date is listed, th Note: If the date inserted document's effective date	e date must be specif in this block does	fic and cannot be p not meet the ap	orior to date of fi plicable statute	ling or more than	(optiona 90 days after filir ements, this dat	ng.) Pursuant to 605	,0207 (3 ed as th
the record specifies a) The 90th day after			not an effe	ctive time, a	t 12:01 a.m	n, on the earlie	er of:
Dated June	Signature	JOI		sentative of a mer	nber		

Page 3 of 3

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