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S. YOUNG

COVER LETTER

	legistration Sec Division of Corp			
CUD IEC	The Pressure	Force LLC	•	
SUBJECT	l:	Name of Limi	ted Liability Company	 _
The enclos	sed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retu	irn all correspon	dence concerning this matter	to the following:	
		Ronald J. O'Steen		
. ~			Name of Person	
		The Pressure Force	<u></u>	
ز پز محمد			Firm/Company	
·	٤.	6042 NW 16th Ave North	·	
	^		Address	
		St. Pertersburg/FL/33710		
-		oster567@gmail.com	City/State and Zip Code	٠ - حصر المساء الما الما الما الما الما الما الما ال
		E-mail address: (I	o be used for future annual report no	rtification)
For furthe	r information co	ncerning this matter, please ca	alk:	
Ronald J.	O'Steen	•	352 283-4135	
	Name of	Person		me Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F T . F	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

The Pressure Force 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 6/21/2018 and assigned Florida document number L18000152404 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: O'Steen Home Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6042 16th Ave North Enter new principal offices address, if applicable: St. Petersburg FL, 33710 (Principal office address MUST BE A STREET ADDRESS) 6042 16th Ave North Enter new mailing address, if applicable: St. Petersburg FL, 33710 (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: New Registered Office Address: Enter Florida street address

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
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