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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

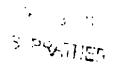
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# **COVER LETTER**

TO: Registration Division of 0	n Section Corporations		
subject: <u>RW</u>	PRESSURE C	LEANING & CaEI	NERAL IMAINTENANCE L
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Christia	AN R. Borsi	N/A
	BW PRESSUR	E CLEANING & GE	NERAL MAINTENANCE LLC
	2060 NE :	Address	
	Lighthouse Chrisbor E-mail address:	Point/FL 33 City/State and Zip Code Sina @ genail to be used for future annual report note	-Com
For further informatio	on concerning this matter, please c	all:	
Christia Nan	n R. BOTSING	at (954) 2 74 Area Code Daytim	c Telephone Number
Enclosed is a check for	or the 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, F1, 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

Florida document number 18000 190084 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RW PRESSURE CLEANING & GENERAL MAINTENANCE
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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.

Cirv

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 = M $AMBR = A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
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			☐ Change
			Add
			□ Remove
			☐ Remove
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n effecti ete:   If t	date, if other to ve date is listed, the the date inserted in all seffective dates	date must be spe in this block doe	cific and cannot es not meet t	he applicable	late of filing or e statutory fili	more than 90 da	( <b>optional)</b> ys after filing.) F ts, this date w	tursuant to 605.0207 Il not be listed as
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Filing Fee: \$25.00