## L18000 196527

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SUPRATHER

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ver Wash JAX LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Oliver Cruz		
		Name of Person	
	Hydro-Power WashJAX	LLC	
	<del></del>	Firm Company	<del></del>
	9645 Baymeadows Rd.,	698	
		Address	
	Jacksonville, Florida 322	246	
		City/State and Zip Code  OCSHTAX ( to be used for future annual report notif	COSMAIL COM
For further information e	oncerning this matter, please ca	all:	
Oliver Cruz		347 200 6976	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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

60

HYDRO-POWER WASH JAX LL			. 02 5
( <u>Name of the Limit</u>	ed Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)	- 1 de
The Articles of Organization for this Limited Li Florida document number <u>L18000196527</u>	ability Company were file	ed on	and assigned
This amendment is submitted to amend the following	owing:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of	the limited liability con	ipany here:	
HYDRO WASH JAX LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	any," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	~-·	dress on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Elizabeth Gonzalez		
New Registered Office Address:	10175 Fortune Parkwa	ay suite 301	
		Enter Florida street address	<u> </u>
	Jacksonville	Florida	32256
	City	<del></del>	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 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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Effective date, if other than the d	ate of filing:		(ontio	onal)	
Effective date, if other than the d If an effective date is listed, the date must be Noted 15 the data inspected in this bloom	be specific and cannot be	prior to date of filing o	or more than 90 days after	filing.) Pursuant	t to 605.0
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep			anig requirements, this	uate will not	oc usted
he record specifies a delayed e		t not an effectiv	e time, at 12:01 a	.m. on the	earlier
The 90th day after the recor	d is filed.				
Dated 8-31-/				•	ප
Dated 8 - 51-7	<u> </u>	·		- "	A3S
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Filing Fee: \$25.00