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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co	rporations		
SUBJECT: REDFO	XPRESSUREWASHING LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Melina Hess		
		Name of Person	
		Firm/Company	
	2284 Cumberland Circle A	Αρτ 1015	
		Address	
	Clearwater FI 33763		
	-	City/State and Zip Code	
	redfoxpressurewashing@ho		V
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Melina Hess		at (727) 519-5899	
Name o	of Person	at (727) 519-5899 Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

REDFOX	KPRESSUREWASHING LLC	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L18000220557}{L18000220557}$	Company were filed on 9/17/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Red Fox Pressure Washing LLC		S 28 /
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	bbreviation "Se.C."
Enter new principal offices address, if applicable:		三 第 7
(Principal office address MUST BE A STREET ADD	DRESS)	8 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×
		SSC 7
		ුමුගු ග
Enter new mailing address, if applicable:		- 건
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter</u> dress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Quire	2284 Cumberland Circle Apt 1015	
		Clearwater, FL 33763	<u></u> ▼ Remove
			Change
			O Add
			□ Remove
			Change
			🗖 Remove
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		 	Remove
			Change
			Add
			Remove
			☐ Change

	Thrifting, buying and selling of household items, pressure washing, gutter cleaning and exterior cleaning
	
t an c Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	Mella Hes
	$\alpha \alpha A A = 0$

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00