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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

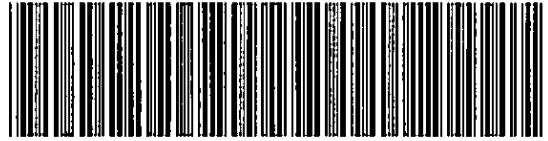
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Xtreme Pressure Washing & Cleaning LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Hagedorn

Name of Person

Xtreme Pressure Washing & Cleaning LLC

Firm/Company

467 Cornelius Blvd

Address

Port Charlotte, FL 33953

City/State and Zip Code

amandahagedorn57@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Hagedorn

941 875-4181

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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> | <u>Type of Action</u> |
|--------------|---------------------|---|---|
| MGR | Eugene Hagedorn, II | 467 Cornelius Blvd Port Charlotte, FL 33953 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | Eugene Hagedorn, II | 467 Cornelius Blvd Port Charlotte, FL 33953 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | Amanda Hagedorn | 467 Cornelius Blvd. Port Charlotte, FL 33953 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| MGR | Michael Homer | 467 Cornelius Blvd. Port Charlotte, FL 33953 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| AMBR | Michael Homer | 5192 Linda Dr. North Port, FL 34286 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| | Michael Homer | 467 Cornelius Blvd. Port Charlotte, FL 33953 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| | Michael Homer | 5192 Linda Dr. North Port, FL 34286 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| | Michael Homer | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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FILED

December 21, 2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 11, 2019

Amanda Hagedorn
Signature of a member or authorized representative of a member

Amanda Hagedorn

Typed or printed name of signee