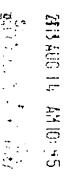
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COVER LETTER

TO: Registrat Division (ion Section , of Corporations
Apop SUBJECT:	ka Liquidation, LLC
SOBJECT.	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fec(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Jose A Garcia
	Name of Person
	JG Powerwash, LLC
	Firm/Company
	39 Disalvo Place
	Address
	Apopka, Fl 32712
	City/State and Zip Code rosi@klgexpress.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Rosangle Rodrique	ez 407 415-5523 at ()
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
■ \$25.00 Filing !	Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee, } \text{Certificate of Status & Certified Copy } \text{Certified Copy } \text{Certified Copy } \text{Certified Copy } \text{(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

Apopka Liquidation, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000035353 .	were filed on 02/04/2019	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JG Powerwash, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	39 Disalvo Place	
(Principal office address MUST BE A STREET ADDRESS)	Apopka, Fl 32712	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	39 Disalvo Place Apopka, Fl 32712	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	I. Cr.
	, 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 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
			□ Add
			☐ Remove
		·	
		-	□ Remove
		.,,	☐ Change
			□ Add
			☐ Remove
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			☐ Remove
			□ Change

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(If an ei Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	August 12. 2019. 2000 A garcia
	Signature of a member or authorized representative of a member
	Jose A Garcia