

L19000 47215

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2024 JUL 10 PH 3:00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TMEBUILT Pros Concrete Coating Paver realing and Name of Limited Elability Company Pressure Cleaning LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vincent Pugliese
TMEBUILT Pros
8050 Cleary BIVD APT 625
Plantation FL 33324 City/State and Zip Code
City/State and Zip Code WWW South to Me built pros & gm wil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vin cent Puglics U at 95t, 661-0818 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
► \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Truebuilt Pros The Articles of Organization for this Limited Liability Company were filed on 2/18 Florida document number L29 0000 47215 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Leepina 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 . Florida

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.

City

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			∐Add
			□Remove
			□Change
			□ Remove
			UChange
			□Add
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			Change
		-	□Add
			□Remove
			LJChange
			\Add
			Remove
			□Change

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

0111	changing	name to	TRVEBVILI	PRI
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m effective date is list o <mark>te:</mark> If the date inst	her than the date of filing: ed, the date must be specific and c erted in this block does not me date on the Department of Sta	annot be prior to date of filing or let the applicable statutory fili	(optional) nore than 90 days after (iling.) Pursuant ng requirements, this date will not	to 605.0207 (be listed as t
record specifie	·		time, at 12:01 a.m. on the	earlier of:
tedb	20	2024.		
	Signature of a ne	ember or authorized representative	ve of a member	
	••			

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Filing Fee: \$25.00