L190000 6 3320

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Amend Cui

APR 18 2019

COVER LETTER

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Se Division of Cor	porations		•
SUBJECT: HNC	DINTED PRES	SSURE PROFESS ited Liability Company	IONAL PRESSURE CLEANING
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ettinosa O		
	Mnointed RESSI	Firm/Company	suze Cleaning LLC
	2020 EMMA ST		
	LAKELAN	d FL,33815	
		City/State and Zip Code Lion (2) AMA I Com o be used for furtire annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Effin osa Name o	Omorodion Person	at (<u>763</u>) <u>583-2</u> Area Code Daytime	798 Telephone Number
Enclosed is a check for th	ne following amount:		
□ S25.00 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANOINTED PRESSURE PROFESSIONAL PRESSURE CLEANING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	Chinica Hability Company)	1.4.1.	
The Articles of Organization for this Limited Liability Co	ompany were filed on	3/5/19	and assigned
Florida document number <u>L19000063320</u>	<u>_</u> ,	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
ANOINTED PRESSURE L'A	JC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			د ،
(Principal office address MUST BE A STREET ADDRI	ESS)		19 1
			:3
			<u></u>
Enter new mailing address, if applicable:			P. L.
(Mailing address MAY BE A POST OFFICE BOX)	4		<u> </u>
The state of the s			. 00
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registe	ered office address on	our records, enter t	he name of the ney
registered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi	ida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	and agree to act in this	capacity. I further agre	ce to comply with the
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago	omplete performance of	my duties, and I am fa	miliar with and
accept the obligations of my position as registered ag	ent as provided for in C	hapter 605, F.S. Or, i	f this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGR	PEDRO M. MARTINEZ	845 WOSENGAV.	🗆 Add
		LAKELAND, FL. 33815	Remove
			☐ Change
			□ Add
			🖸 Remove
			Change
		Remove	
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
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			□ Change

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Effect	ive date, if other than the date of filing:
Note:	fective 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 to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the perfective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00