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Registration Section

Division of Corporations

TO:

SURJECT: T_ Double - 1) Pressure cleaning, LLC
N	Jame of Limited Liability Company
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Torre	Name of Person
Right	Way Sanitizers Firm/Company
7760	NW Soth Street # 505
Laude	erhill, FL, 33351 City/State and Zip Code
Torrar E-ma	nce 103@gmail. Com iil address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
Torrance Davis	at (305) 788 - 0655
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	t:
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 - Double - D Pres			
(Name of the Limited Liabi) (A Florid	lity Company as it now appears of la Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L19000 68 189</u>	Company were filed on <u>3/1</u>	1 2019	and assigned
This amendment is submitted to amend the following:			
Rightway Sanitizers	SILLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	mation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
Enter new mailing address, if applicable:		· ·	
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>-</u>
			
		rds, <u>enter the nam</u>	e of the new registered
gent und of the new registered office address never			
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>	Address	Type of Action
MGR	Trevis Smith	4921 NW 14th St. Lauderhill	Terrada
		FL, 33313	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
		□∧dd	
			□Remove
			Change

ffec	tive date, if other than the date of filing:(optional) (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
an c ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocui	nent's effective date on the Department of State's records.
	ord 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 filed.
ates	August 21st , 2020
all	
	a const
	Signature of a member or authorized representative of a member
	Torrance D. Davis Typed or printed name of signee
	$(x_1, x_2, x_3, x_4, x_5, x_5, x_5, x_5, x_5, x_5, x_5, x_5$