

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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RECEIVED MAY 28 2019



R. WHITE Juil 15 200

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COMP CICIO PRESSURE WAShing WC 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:
Angela Graham Name of Person
Come Clean Pressure Washing, LLC
2135 W Fairbanks Ail
City/State and Zip Code Ceping it Klean 196 am. 1. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

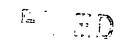
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Come Clean P	ressure u	Jashin Wille	3 AM 10: 08
(Name of the Limited Li (A FI	ability Company as it nov orida Limited Liability Co	v appears on our records.) mpany)) t
The Articles of Organization for this Limited Liabili	ty Company were filed	ion_3/27/201	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the COO The new name must be distinguishable and contain the words	pressur	elucishing	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AL	DDRESS)		-
Enter new mailing address, if applicable:		-	
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or r registered agent and/or the new registered office :		ress on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street address	
_	City	, Florida	Zip Code
	City		ey cour

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
AMBR	Jimmie L. Have	4 2135 W Fairban	KS Add
		y 2135 W Fairban Winter Park, FL	Kemove
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(If an effective dat Note: If the da	is listed, the dar te inserted in the	the date of filing e must be specific and his block does not no he Department of S	cannot be prioneet the application	cable statutoi			g.) Pursuant to 605.0	
		ayed effective c record is filed.	ate, but no	ot an effec	tive time, a	t 12:01 a.m	. on the earlier	of:
Dated	[23	19		·				
		hille	No					
		(Signature of a	nember or auth	horized represe	entative of a me	mber	 -	

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Filing Fee: \$25.00