L19000090386

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COVER LETTER

Division of Co	orporations		
DevonHe	enry'sPressureWashingLLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DevonHenry		
		Name of Person	
	DevonHenry'sPressure/	/ashing	
		Firm/Company	
	487530thAvenue		
	Address		
	Vero Beach,FL 32967		
		City/State and Zip Code	
	devonhenry1@hotmail.co		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	all:	
DevonHenry		772 559-2182	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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
MAII	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

TO:



Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DevonHenry'sPressureVashing		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	y were filed on 4/2/2019	and assigned
Florida document number L19000090386		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		19 A
		PR 2
Enter new mailing address, if applicable:		<u> ගැනි හි </u>
Mailing address MAY BE A POST OFFICE BOX)		
		1 21 15 2 1811E
3. If amending the registered agent and/or registered (office address on our records	
registered agent and/or the new registered office address he	re:	enter the name of the ne
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	<u>Address</u>	Type of Action
MGR	DevonHenry	4875 30th Avenue, Vero Beach, FL 32967	■ Add
			☐ Remove
CEO	DevonHenry		□ Add
		4875 30th Avenue. Vero Beach, FL 32967	■ Remove
			☐ Change
			SLUMI AND Change
			© Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

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	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ble statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
4/22/2019 12:01a.m.	
Degran Herry	_·
Signature of a member or author	ized representative of a member
DevonHenry	
Typed or printed	name of signce

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Filing Fee: \$25.00