L1900009665/

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (viouress) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Bluewater Pressure Cleaning Dervice LLC 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: |
| Dusty Cartrette Name of Person |
| Bluewater Pressure Cleaning Service UC |
| 5832 Westport Dr. Address |
| Port Orange FL 32127 City/State and Zip Code |
| E-mail address: (to be good for future annual report notification) |
| For further information concerning this matter, please call: |
| Dusty Cartrette at (386) 523-6823 Name of Person 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 \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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

| Bluewater Pressure Cleaning (Name of the Limited Liability Company (A Florida Limited L | y Service LL | <u></u> |
|--|---|-----------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | र्भ as it now appears on our rec iability Company) | cords.) |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L1960(X) 96651</u> | were filed on <u>04/03/</u> | 2017 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabile Bluewater Pressure Cleaning & The new name must be distinguishable and contain the words "Limited Liabili | Painting LLC ty Company." the designation "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <i>N/A</i> _ | ; ; <u>-</u> - |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here | | ords, enter the name of the new |
| registered agent and/or the new registered office address ner | | |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | Enter Florida street ad | dross |
| | | |
| | City | FloridaZip Code |

New Registered Agent's Signature, if changing Registered Agent:

Δ

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---|----------------|
| AMBR_ | Dusty Cartrette | 5832 Westport dr. Port Orange FL 32127 | 🗖 Add |
| | | Fort Urange FC 32121 | Remove |
| | | - | Change |
| AMBR_ | Dshley Cartrette | 5832 Westport dr. Port Orange FL 32127 | 🖸 Add |
| | | Port Orange PL S2121 | Remove |
| | | | Change |
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| an effective date is li lote: If the date in | | cific and cannot be prio es not meet the applic | cable statutory filing | (optional) ore than 90 days after filing.) Pursuant g requirements, this date will not l | |
| | ies a delayed effec after the record is | | ot an effective t | ime, at 12:01 a.m. on the | earlier of: |
| ated <u>April</u> | 11 22 | 2019 | · · | | |
| | | | | | |
| | Signatu | are of a member or auth | orized representative | of a member | _ |
| | Ω | | /- ted name of signee | | |

Page 3 of 3

Filing Fee: \$25.00