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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Jax Po	wer washing L Name of Lim	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Zachany	Wood	
		Name of Person	
		Firm-Company	
	6075 Tem	1 Parw Dr N Address	
	Jacksonvi	City/State and Zip Code So G Mail COM To be used for future annual report notifi	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	•	
Zach Goa	Person	at (904) 444 Area Code Daytime	9 1 9 0 Telephone Number
		•	,
Enclosed is a check for th	e 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)

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

Jax Power Phushi (Name of the Limited Liability (A Florida	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Tax Exterior Cleaning L The new name must be distinguishable and contain the world "Limit		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	261
		;
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		<u> </u>
	<u></u>	<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	, Florida Zip Code
we see a large control of the following	1 4	

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:	<u> </u>			,	
MGR = Manager AMBR = Authorized Member					

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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ffective date, if (other than the date of fil	ling:	(option	al)
an effective date is I lote: If the date it	listed, the date must be specific	and cannot be prior to date of of meet the applicable statu	fiting or more than 90 days after fit itory filing requirements, this d	ing.) Pursuant to 605.020
The 90th day	after the record is file	ed.	ective time, at 12:01 a.r	n. on the earlier o
oated [[] [2019 Sch 6000	2019		

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Typed or printed name of signee

Filing Fee: \$25.00