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> 2021 SEP -3 MAII: 16 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prowash Exterior Cleaning LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Prowash Exterior Cleaning LLC
2460 Argle 13d Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A aron Neshem at (850) 748-6096 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{\$\$30.00 Filing Fee & \$\Bigsquare \text{\$\$55.00 Filing Fee & \$\Bigsquare \text{\$\$\$55.00 Filing Fee & \$\Bigsquare \text{\$\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ProWash Extension (Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L)9000108</u>	ompany were filed on <u>4/22/2019</u> and assigned <u>8</u> 9
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Proxteriors LLC The new name must be distinguishable and contain the words "Limit name of the limit na	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ZI SEP -3 MH 16
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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
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Dated Aug	ust 31st		2021	·					
	Aaren Signa	Henra	ember or autho	rized represent	ative of a memb	oer			
	Aaron								