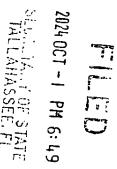
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				





10/01/24--01008--025 \*\*25.80





## **COVER LETTER**

TO: Registration Se Division of Cor			
FFOCI	LSON'S PRES.	SURE WAS	SHING LLC
SUBJECT: / FROM		nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NIWANO	K FERC	SUSON DASHING LLC
	FERGUSON'S	PRESSURE W	DASHING LLC
		NT BLVD	
	<u>LEHIGH</u>	ACRES FL City/State and Zip Code	13974 Inall Cognal Com
	tergusons p	ressure wash to be used for future annual rep	inall Cogradicom
For further information e	oncerning this matter, please c	all:	
NIWAND FE	Raison	(239 ) 2.	65 -2911 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Implosed is a check for th	ne following amount:		
N \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	U \$55,00 Filing Fee & Certified Copy (additional copy is enclos	☐ \$60.00 Filing Fee, Certificate of Status & ed) Certified Copy tadditional copy is enclosed)
Mailing Addres		Street Add	
Registration S Division of C		_	on Section of Corporations
P.O. Box 632	7	The Centi	e of Tallahassee
Tallahassee, F	FL 32314	2415 N. N	Aonroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WASHING	LIC Flice
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L1900122967}$ . This amendment is submitted to amend the following:		Ob/2019 2024 OCT TALLAHASSEE. F
A. If amending name, enter the new name of the limited liab SHIP IT RITE LL.  The new name must be distinguishable and contain the words "Limited Liabi	C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	127 GRA LEHIGH	NT BLVD ACRES FZ 33974
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	u address
	Ciry	, Florida

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	JADE HIGHTOWER	127 GRANT BNO LEHIGH ARE	_ UzAdd
		FL 33974	_ []Remove
			_ □Change
			_ □Add
			_ ERemove
			_
			_ □Add
		<del> </del>	_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ UChange
			_ □Add
			_ ElRemove
			_ □Change
			_ DAdd
			_ □Remove
			C)Chantan

## Page 2 of 3

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-	
Effect	ive date if other than the date of filing:
Note:	ive date, if other than the date of filing:
he red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9-24-2024
	N - Ferry Sul Dignature of a member or authorized representative of a member
	NIWAND K FERGUSON

Page 3 of 3

Filing Fee: \$25.00