19000 135583

| (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: |
| |
| |
| |

Office Use Only



000334333010

09/24 (3--10) - P. (- 10) - P.

MC Amend.

C. 11-

19 SEP 24 AH 9: 11

COVER LETTER

TO:

| | C PRESSI | JRE WASHING AND RO | OF CLEANING LLC | |
|--|--------------------------|-------------------------------------|---|--|
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed A | rticles of Ar | nendment and fee(s) are sub | mitted for filing | |
| | | | - | |
| TO: Registration Section Division of Corporations D C PRESSURE WASHING AND ROOF CLEANING LLC Name of Limited Liability Company | | | | |
| | | | Name of Person | |
| | | 7613 COOT ST | Firm/Company | |
| | | ORLANDO,FL,32822 | Address | |
| | | | City/State and Zip Code | |
| | | | • | otification) |
| | | • | dl: | |
| DENNIS SAM | | | at () | |
| | Name of P | erson | Area Code Day | time Telephone Number |
| Enclosed is a ch | eck for the f | following amount: | | |
| ≘ \$25.00 Filin | g Fec | _ | Certified Copy | Certificate of Status & Certified Copy |
| | Registration of P.O. Box | on Section) of Corporations ; 6327 | Registration Sec Division of Con Clifton Building | ction porations |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DIC PRESSURE WASHING AND ROOF CLEANING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| _ | ny were filed on <u>05/20/2019</u> | and assigned |
|---|--|------------------------------|
| Florida document number L19000135583 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| D C PRESSURE WASHING SOLUTIONS LLC | adment is submitted to amend the following: ending name, enter the new name of the limited liability company here: SSURE WASHING SOLUTIONS LLC me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." wy principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) wy mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new dagent and/or the new registered office address here: | |
| The new name must be distinguishable and contain the words "Limited Lie | ability 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) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | ca 11 | . al |
| | | enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| N. D. 1 1007 111 | | |
| New Registered Office Address: | Enter Florida street address | |
| | 771 | |
| | | Taa Zip Code |
| N. D. Carlotte and Charles of the Device and Age | • | • |

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 |
|--------------|------------------------------------|----------------------------------|----------------|
| P | DENNIS SAMUEL CINTRON HERNANDEZ | 7613 COOT ST ORLANDO FL 32822 | ⊟ Add |
| | | - | □ Remove |
| | | <u> </u> | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | C Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |

| _ | | _ |
|---------------|--|----------------------|
| _ | | _ |
| _ | | _ |
| | | |
| - | | |
| - | | |
| | | |
| _ | | |
| - | | _ |
| _ | | |
| | | |
| - | | |
| - | | _ |
| _ | | |
| _ | | |
| - | | |
| - | | _ |
| | | _ |
| | | |
| - | | <u> </u> |
| | | |
| Vote: | ve date, if other than the date of filing: | 605.0207 isted as |
| ie rei The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed. | rlier o |
| | | |
| Dated | 08/14/19 | |
| | | |
| | $\sim 4 \times 111$ | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00