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COVER LETTER

TO:

	Registration Se Division of Cor		•		
elib iez		POWER WASHING OF SWE	L. LLC		
SUBJEC	-1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		્રે.
Please re	turn all correspo	ndence concerning this matter	to the following:	; <u>.</u>	
		MAX ESPOSITO		; :	1 1 1 A 1 2 2
		<u></u>	Name of Person		
		XTREME POWER WASI	IING OF SWFL, LLC	 **	
			Firm/Company		៍ ឃ
		4118 SW 14TH PL			
			Address		
		CAPE CORAL, FL 33914			
		MAXE454@GMAIL.COM E-mail address; (City/State and Zip Code to be used for future annual report noti	fication)	
For furth	er information c	oncerning this matter, please co	all:		
MAX ES	SPOSITO		239 677-5278 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Englosed	l is a check for th	ne following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & py
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XTREME POWER WASHING OF SWFL, LLC

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

The Articles of Organization for this Limited Liability Co	omeon, wars filed on 6/10/2019	and assistand
<u> </u>	ompany were fried on	and assigned
Florida document number L19000152666	<u>_</u> ·	
This amendment is submitted to amend the following:		- P3
A. If amending name, enter the new name of the limi	ted liability company here:	
ALL CLEAN EXPERTS, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	a "LLC" or the abbreviation "L.L.C:
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Pl. 14
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agenting filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duti gent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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
			Remove
		 	Change
			Add
			Change
) C
			Remove
		·	Change
			Add
			Remove
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Signature of a member or authorized representative of a member	.40	10 E1 BOS .	
- <u>'</u>	<u> </u>	ignature of a member or authorized representa	tive of a member
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