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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

UNDER PI	RESSURE CLEANING, L.L.C		
SOBRET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL MORESCO		
		Name of Person	
		Firm/Company	
	8405 143RD LANE		
	SEMINOLE. FL 33776	Address	
	UNDERPRESSURECLEA		
For further information c	E-mail address: (oncerning this matter, please of	to be used for future annual report notifi all:	cation)
MICHAEL MORESCO		267 938-1193 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNDER PRESSURE CLEANING, L.L.C.

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

(A Florida)	Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L19000164677	ompany were filed on JUN	E 24,2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here	<u>:</u>	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desi	gnation "LLC" or the abbrev	iation "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) B. If amending the registered agent and/or registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ess here:	our records, enter-the	2019 JUL 26 AM of the ne
		, Florida	
	City	;	Sip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	und agree to act in this ca omplete performance of m ent as provided for in Ch	y duties, and I am fami apter 605, F.S. Or, if t	liar with and his document is
	If Changing Registered Agen	t Signature of New Penists	red Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KATHLEEN MORESCO	8405 143RD LANE SEMINOLE FL 33776	Add
			Remove
			Change
MGR	MICHAEL MORESCO	8405 143RD LANE SEMINOLE FL 33776	■ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
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		•	□ Change
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be pricelock does not meet the apple.	icable statutory filing	(optional) re than 90 days after filing.) Pursuant t requirements, this date will not be	o 605.0207 (3) e listed as the
the record specifies a delaye) The 90th day after the re		ot an effective tir	me, at 12:01 a.m. on the e	earlier of:
Dated JULY 24	2019			
	1 m	 -		
Michaes	Signature of a member or aut	horized representative of	f a member	
MICHAEL MORESC	า			
WICHALL WORESC		nted name of signee		

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Filing Fee: \$25.00