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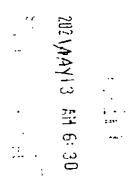
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COVER LETTER

TO:	Registration Se Division of Cor						
cubie		SSURE WASHING SERVICE	S LLC				
SUBJECT:Name of Limited Liability Company							
		Amendment and fee(s) are sub	-				
		LOVETTE DOBSON					
			Name of Person				
		INCFILE.COM LLC					
			Firm/Company				
17350 STATE HWY 249 STE 220							
			Address				
HOUSTON, TX 77064							
	City/State and Zip Code EFILE1234@INCFILE.COM						
		E-mail address: (to be used for future annual report noti	fication)			
For furt	her information c	oncerning this matter, please ca	ali:				
LOVET	TE DOBSON		888 462-3453				
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enclose	d is a check for th	ne following amount:					
■ \$25	.00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&G PRES	SURE WASHING SERVICES INGAY 13 AM 6: 31
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on 07/15/2019 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DRESS)
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, <u>enter the name of the new registe</u>
gent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
110 11 Hogisteled Office Hadeess.	Enter Florida street address
	, Florida
	City 7in 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 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>	202 HAY 13 AM	6:31	Type of Action
AMBR	Anibal Garcia	7451 Betula Dr			□Add
				. !	
		New Port Richey	, FL 34653		■Remove
					□Change
					□Add
			<u> </u>		□Remove
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					□Remove
					□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated April 30 William Mejia Typed or printed name of signee