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(Re	equestor's Name)	
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COVER LETTER

Division of Corporation	ons			•
SUBJECT: Hones	+ Pressure Name of Limit	Washing LLC ted Liability Company		
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.		
Please return all correspondence	concerning this matter to	o the following:		
	Jason	Littles		
		Name of Person		
		Firm/Company		
	PO B	OK 775 Address		
		Address		
	Eusks	FL 32727 City/State and Zip Code		
	E-mail address: (to	o be used for future annual report notific	ation)	4
For further information concerns	ing this matter, please cal	II:		3
Jason Littl	<u>es</u>	at (<u>352</u>) <u>551-</u> Area Code Daytime	8414	21 30% 6
Name of retsor		Area Code Daytine	reteptione Number	記 (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7
Enclosed is a check for the follo	wing amount:			5: L6
ਈ \$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 Sta Certified Copy (additional copy is e	e. Francis &

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Honest Pressure (Name of the Limited Liability Comp (A Florida Limited)	Washing, L	LC_
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears of our recor Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 79000 254028</u> .	y were tiled on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		Ş
Enter new mailing address, if applicable:		5 - 3
(Mailing address MAY BE A POST OFFICE BOX)		
	_	الله الله
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		lorida
	City	Zip 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 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

Title Name Address Type of Action

Ambr Jason Littles 302 Morninguieus Dr Madd

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		Signatur	e of a member	or authorized re	p res entative of a m	ember		

Page 3 of 3

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