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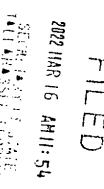
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 3/6 |





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MC E. Amend.



APR 0 5 2022 D CCHMFLL



February 5, 2022

RASHEED A. CAMERON 13351 BROADHURST LOOP FORT MYERS, FL 33919

SUBJECT: C&G POWERWASHING L.L.C.

Ref. Number: L19000262437

We have received your document for C&G POWERWASHING L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 122A00002905

COVER LETTER

| TO: Registration Sec Division of Corp | | | • |
|--|--|---|--|
| | . (2) | 1 | , |
| SUBJECT: | + 6 POLIERU | | |
| • | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | RASheel, | A CAMELEIN Name of Person | |
| | | Name of Person | |
| | C&G | Firm/Company | |
| | | | |
| | 13351 Bear | Hoist Lup, | |
| | · | Address | . |
| | Fort MIERS, | Fl. 33919 City/State and Zip Code | |
| | , , | City/State and Zip Code | |
| | Canda kutunsh | NG Q prail Com to be used for future annual report not | |
| | J /E-mail address: (| to be used for future annual report not | ification) |
| For further information con | ncerning this matter, please co | all: | |
| RASheed Ci | MEREN | at (239) 254 - | |
| Name of I | Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | 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) |
| 35 W | | g | |

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 | | 71 |
|---|---|--|----------|
| | TO | 三 第 | |
| | ARTICLES OF ORGANIZATION | 100 | المسم |
| | OF | | 1 1 i |
| , | C+G Power washing | 11 (== | |
| | • ~1 | The Contract of the Contract o | <u>-</u> |
| | (Name of the Limited Liability Company as it now appears of our (A Florida Limited Liability Company) | recorus,) | |
| | | | |

| The Articles of Organization for this Limited Liabil Florida document number 219000 2624 | ity Company w 437. | ere filed on | 2/19/2 | and assigned |
|---|-----------------------|---|--------------------------|-------------------------|
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | limited liabili | ty company here: | | |
| OPLIMAL KICENING | Solut | 1. 2406 | LC | |
| The new name must be distinguishable and contain the words | "Limited Liability | Company, the designation | tion "LLC" or the ac | |
| Enter new principal offices address, if applicable | : . | 13351 Truct MyE | Broad Here | st Loop |
| (Principal office address MUST BE A STREET A | DDRESS) | Folt MyE | 15, F1. | 33919 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 1 0 | 13351 /3 Foot My | Brud Husselfs, Fl. | 33919 |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | | dress on our record | ls, <u>enter the nam</u> | e of the new registered |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | /335/ | BROWN HE Enter Florida str MYEK City | reet address | , |
| _ | Fact, | MYEKS | , Florida | 339/9 |
| | | City | | ыр Соае |

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> | Address | Type of Action |
|--------------|----------------|--|----------------|
| AMBR | Cory Engliozza | 9140 GUENLERF COURT FORT MYEIS, T.I. 3:3919 | □Add |
| | | Funt Myéis, T-1. 3:3919 | XRemove |
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| If an effect <u>Note:</u> If | e date, if other than the date of filing: |
| e record s rd is filed | 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 |
| Dated | January 19, 2022. |
| | _ |
| | I' (I AMA A AA |
| | Signature of a member or authorized representative of a member |