

L19 000281802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

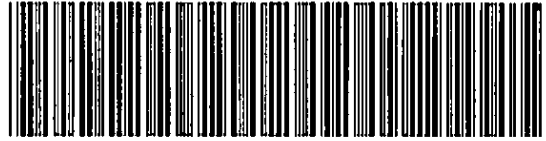
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS
JAN 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 100S PRESSURE CLEANING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDIN MURIC
Name of Person
100S PRESSURE CLEANING LLC
Firm/Company
4105 JONQUIL CIR SOUTH
Address
PALM BEACH GARDENS, FL 33410
City/State and Zip Code
edinfl123@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edin Muric at (561) 3984679
Name of Person Area Code Daytime 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)

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**

100\$ PRESSURE CLEANING 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 Company were filed on November 12 2019 and assigned Florida document number L19000281802.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ED PRESSURE CLEANING LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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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 December 03, 2019

Edin Muric

Signature of a member or authorized representative of a member

EDIN MURIC

Typed or printed name of signee

Filing Fee: \$25.00



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Detail by Entity Name

Florida Limited Liability Company
100\$ PRESSURE CLEANING LLC

Filing Information

Document Number	L19000281802
FEI/EIN Number	NONE 84-3844293
Date Filed	11/12/2019
Effective Date	11/12/2019
State	FL
Status	ACTIVE

Principal Address

4105 JONQUIL CIR S
PALM BEACH GARDENS, FL 33410

Mailing Address

4105 JONQUIL CIR S
PALM BEACH GARDENS, FL 33410

Registered Agent Name & Address

MURIC, EDIN
4105 JONQUIL CIR S
PALM BEACH GARDENS, FL 33410

Authorized Person(s) Detail

Name & Address

Title MGR

MURIC, EDIN
4105 JONQUIL CIR S
PALM BEACH GARDENS, FL 33410

Annual Reports

No Annual Reports Filed

Document Images

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