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(Requ	uestor's Name)	
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COVER LETTER

porations				
, 1E REPAIR SERVICES, LLC				
Name of Limited Liability Company				
Amendment and fee(s) are sub	omitted for filing.			
ndence concerning this matter	to the following:			
ELIZABETH BEDOLLA				
	Name of Person			
R & J PRESSURE WASF	IER SERVICES, LLC			
	Firm/Company			
2014 SW LARCHMONT	LN	20		
	Address	720 DI		
PORT ST LUCIE, FL 349	84	C		
	City/State and Zip Code	28 PM		
-		ification)		
		PM 3: 05		
Λ	772 626-2830			
Person	Area Code Daytin	ne Telephone Number		
ne following amount:				
□ \$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)		
<u>s:</u> Section	<u>Street Address:</u> Registration Sc	ection		
orporations	Division of Co	rporations		
7 FL 32314		Fallahassee be Street, Suite 810		
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ELIZABETH BEDOLLA Name of Person R & J PRESSURE WASHER SERVICES. LLC Firm/Company 2014 SW LARCHMONT LN Address PORT ST LUCIE, FL 34984 City/State and Zip Code REYESBEDOLLA@GMAIL.COM E-mail address: (to be used for future annual report not oncerning this matter, please call: A		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & J HOME REPAIR SERVICE:	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited E		2/03/2019 and assign
lorida document number L19000295809		
his amendment is submitted to amend the following	lowing:	
a. If amending name, enter the new name of	of the limited liability company h	ere:
R & J PRESSURE WASHER SERVICES, LLC		<u> </u>
he 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 applic	cable:	20 <u>20</u>
Principal office address MUST BE A STREI	ET ADDRESS)	
		- C -
		CO 1
nter new mailing address, if applicable:	·	ři 🛣 🚌
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	:: o
		· 🔠 55
3. If amending the registered agent and/or		ecords, enter the name of the new ro
gent and/or the new registered office addre	ss here:	
Name of New Registered Agent:	ELIZABETH BEDOLLA	
New Registered Office Address:	2014 SW LARCHMONT LN	
new registered office radicess.	Enter Flo	rida street address
	PORT ST LUCIE	Florida 34984
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	ELIZABETH BEDOLLA	2014 SW LARCHMONT LN	
		PORT ST LUCIE. FL 34984	■Remove
			□Change
OWNER	REYES BEDOLLA	2014 SW LARCHMONT LN	= Add
		PORT ST LUCIE, FL 34984	□Remove
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f an effective date is lis Note: If the date ins	ther than the date of sted, the date must be speci serted in this block does e date on the Departmen	ific and cannot be a not meet the ap	oplicable statutor	ng or more than 90 o	(optional) lays after (fling.) Pr ents, this date wil	irsuant to 60 Il not be lis)5.0207 (sted as t
record specifies a c	lelayed effective date, b	ut not an effecti	ve time, at 12:01	a.m. on the earli	er of: (b) The 9	0th day aft	er the
and Docor	nber 20		20.				

Filing Fee: \$25.00