L19000303707

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	· <u>.</u> .
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COVER LETTER

TO: Registration S Division of Co		•	•
	nting & Pressure Washing, LLC	•	٠.
SUBJECT:	Name of Lin	ited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Conor Ross		
	Address Lacksonville, Florida 32257 City:State and Zip Code E-mail address: (to be used for future annual report notification) or the following amount: S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Sirvest Address: (To be used for process of the following amount:		
	C & C Painting & Pressure	e Washing, LLC	
		Firm/Company	
	4757 Mandarin Station Dr	ive, N.	
		Address	
	Jacksonville, Florida 3225	7	
		City/State and Zip Code	2
	E-mail address:	to be used for future annua	il report notification)
For further information	concerning this matter, please o	all:	
Conor Ross			31-6242
Name	of Person		Dayrime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			
Division of (Corporations	Divisio	on of Corporations
P.O. Box 63 Tallahassee,			entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & C Painting & Pressure Washing, LLC

44.3 AUG 17 Pri 3:26

(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 12/13/2019 and assigned Florida document number ______19000303707 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 uddress MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City

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>	Address 2:20 At = 17 PH 3: 26	Type of Action
MGR	Cody J. Walters	273 Sailfish Drive, E., Atlantic Beach, FL 32233	□∧dd
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ote: If the date in	other than the date of filing isted, the date must be specific and isserted in this block does not more date on the Department of Si	eet the applicable statut	iling or more than 90 daystory filing requirement	optional) safter filing.) Pursuant to t s, this date will not be l	505.0207 listed as
record specifies a is filed. August 12, 2	delayed effective date, but not	an effective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day a	fter the
	V				
	Signature of a n	neinber or authorized repre	rsentative of a member	-	

Filing Fee: \$25.00