L200000 16130

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(Address)
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(Business Entity Name)
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85/20/20--01006--019 **25.00

FILED
2020 MAY 20 AM 7: 56
SECRETARY SECTION



COVER LETTER

	of Corporations	
	. PowerWash LLC.	
	Name of	Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are	submitted for filing.
Please return all c	correspondence concerning this made	tter to the following:
	kerry Benoit	į
	-	Name of Person
	cfl powerwash llc	
		Firm/Company
	481 northern durango a	ve
	ococe FL, 34750	Address
	Kerrybenoit09@gmail.co	Clty/State and Zip Code
		ss: (to be used for future annual report notification)
For further inform	nation concerning this matter, pleas	e call:
Kerry benoit		321 402-3091 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Status	
	Address:	Street Address: Registration Section
Registration Section Division of Corporations		Division of Corporations
P.O. Bo	ox 6327	The Centre of Tallahassee
Tallaha	ssee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2020 MAY 20 AM 7: 56

CFL PowerWash LLC		SECRETARY OF	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on (Liability Company)	our records.)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number 1.20000016130	were filed on	020 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ttion "LLC" or the abbreviation	on "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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		ls, enter the name of the	
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida str	reet address	1
		, Florida	
N. B. Carrier I.A. a. O. St. a. a. o. St. I.a. b. D. Carrier I.A.	City	Zip (Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capa performance of my a provided for in Chapi	luties, and I am familia er 605, F.S. Or, if this c	r with and document is

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	Type of Action
MGR	Kerry Benoit	481 northern durango ave ococe fl 34761	\B Add
			DRemove
			□ Change
			□Add
			□Remove
			□Change
			
			Remove
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			□Remove
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fective date, if other than the interestive date is listed, the date in the late in this cument's effective date on the	ust be specific and canno block does not meet th	t be prior to date of filin te applicable statutor	ig or more than 90 days aft	tional) er filing.) Pursuant iis date will not b	o 605.0 e listed
ecord specifies a delayed effect is filed.	ive date, but not an eff	ective time, at 12:01	a.m. on the earlier of:	b) The 90th day	after
May 7th ted	202	O.			
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		15		- 5/	7/2
	Cionatura of a mamb	e or outhorized seasons			-/
Kerry Benoit	Signature of a membe	r or authorized represen	ntative of a member		- 7

Filing Fee: \$25.00