L200000/6201

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	= #)
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MAR O O 2023 C MCNAIR

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Und</u>	Her Pressure Name of Lim	Tempor Washi	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	20 FEB 14 PH 1: 34
Please return all correspo	ondence concerning this matter	to the following:	
	John Ru	99 iero Name of Person	
	<u>under Pra</u>	essure Power (Firm/Company	rashing 11c
	4197 Har	nwod St Address	
	North F	City/State and Zip Code	342-87
	E-mail address: (74 @ Smail to be used for future annual report noti	ification)
For further information of	oncerning this matter, please ca		
John Ru Name o	Ggiero f Person	at (941) 875- Area Code Daytim	re Telephone Number
Enclosed is a check for the	he 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

2086	: نکارلا		
		: معر	
LLC	ر	٠. الأن	٦.

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 Chapeing Registered Agent, Signature of New Registered Agent

+ Port Florida 342

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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	John Ruggieo	4197 Ham wood St	□Add
(+ypo)	North Port F	Kemove
	1	34287	□Change
mGR	John Ruggiero	4197 Hamwood St	Þ X Add
		North Port Fl	□Remove
		342-87	□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□ Kemove
			□ Change
			□ Add
			□Remove
			□Change

	
Effective	date, if other than the date of filing: (optional)
Note: If t	ve 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document	's effective date on the Department of State's records.
he record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ord is filed.	
Dated	2 11 2020
	Signature of a member or authorized representative of a member
	John Ruggiero Typed of printed name of signee