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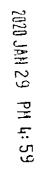


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COVER LETTER

TO:	Registration Sectorial Division of Corp		•	
· cron	err.	Wagh You	Worries LLC	
or par	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing	
Please	return all correspon	dence concerning this matter		
		Wildon	Harrigan Name of Pallon	
		<u>Wash</u>	You Worries Firm/Company	
			KSKIN Trail East	
		Jacksonvi	lle, FL 32277 City/State and Zip Code igan @ gmail.com tob used for future annual report not	
		Wildon harr	igan @ gmail.com	fication)
For fur	ther information cor	ncerning this matter, please co	all;	
_Wi	Iden Ha	rrigan	at (<u>904</u>) <u>887</u> (Area Code Daytim	D410 te Telephone Number
	ed is a check for the	_		
⊒ \$2	5 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 tadditional copy is enclosed)
	Mailing Address: Registration Sc Division of Co		<u>Street Address:</u> Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ries LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Tability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000019063</u> .	were filed on January 13, 202	<u>0</u> and as	รรเยกอด	I
This amendment is submitted to amend the following.				
A. If amending name, enter the new name of the limited liab	ility company here:			
Wash Your Worrie The new name must be distinguishable and contain the words "Limited Liabi	es LLC			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3734 Buckskin Tr Jacksonville, FL 322	ail Ea		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3734 Buckskin Tra Jacksonville, FL 32	11 Eas 277	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the ne	デ で に に	istered
Name of New Registered Agent			H 29	
New Registered Office Address:			P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Emer Florida sweet address Florida	- - :::	կ։ 59	41.72
	Cuy	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>	Type of Action
			Z:Add
			□Remove
			□Remove
			⊒Change
			ZRemove
			Change
			□Remove
			□Remove
			☐ ☐ Change
			
			□Remove
			IChange

Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Amending name from Wash You Worries to
	Wash Your Worries
_	
_	
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_	
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Han effec Note: 1	te date, if other than the date of filing:
docume	nt's effective date on the Department of State's records
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	January 27 2020
	Signature of a member of a ithorized representative of a member
	lacksquare
	Wildon Harrigan
	Typed or prignyd name of signee

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Filing Fee: \$25.00