## L200000 25590

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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June 10, 2020

JEAN PAUL DAZA SUAREZ ELITE PRISSURE LLC. 588 OGELTHORPE DR. DAVENPORT, FL 33897

SUBJECT: ELITE PRESSURE LLC

Ref. Number: L20000025590

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P07000118336-ELITE LAWNS INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 020A00011431

## **COVER LETTER**

Division of Corporations	
SUBJECT: E/ite	Pressure ILC.
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of Amendme	ent and fee(s) are submitted for filling.
Please return all correspondence co	oncerning this matter to the following:
	Jean Paul Daza Suarez
	Elite Pressure LLC. Fina/Company
	Firm/Company
	500 Ogelthorpe Dr.
	City/State and Zip Code  elitepressure. epile@gmail.com  E-mail address (to be used for falme annual Aport notification)
For further information concerning	this matter, please call:
Jean Paul Daza Name of Person	Soavet at (407) 760-2323 Area Code Daytime Telephone Number
Enclosed is a check for the following	ng amount:
	.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Elite Picssure	UC
(Name of the Limited Liability Co. (A Florida Limi	riceny as it new annears on our records.) ted t, ability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number	any were filed on <u>January 21, 7020</u> and assigned
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 L.	ins I Presure washing LLC.
Enter new principal offices address, if applicable:	7.025
(Principal office address MUST BE A STREET ADDRESS	
	<u></u>
Enter new mailing address, if applicable:	P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Age	<del>ent:</del>

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	Type of Action
MGR	Jean Paul Duza Sxirez	588 Ogethorpe Or. Owenpurt FL 35	<u>19</u> 7⊒Add
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			Schange
<u>AMBB</u>	Jeunfull Daza Sorez	588 Ogelthorpe Or. Owenport Fl 33	291 Add
			□Remove
			□Change
MGB	Courtney Randelph	588 Ugelthorpe Dr. Duvenport Fl 3389	<del>}</del> ≰Add
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he record spe ord is filed.	cifies a dela	ayed effective	date, but not a	n effective tin	ne, at 12:01	a.m. on the o	earlier of: (b)	The 90th day a	fter the
Dated	May 1	4	· ·	2020					
-			Signature of One	inher of million	red represer	ntative of a me	mber		
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