## L20 000058908

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800341978658

03/13/20--01017--001 \*\*55.00

29 C. 3 C. C. Kalen

bru-nc

MAR 3 0 2020

D CUSHING

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corp	orations			
SUBJECT: D. M		d Pressures ed Liability Company	leaning	Services LL
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	utera	Name of Person	<u>on</u>	
		Firm/Company		
	178dA 128	Ctn Juriter		
		wher F1. 334	76	
	Moster parter	City/State and Zip Code  Gwall Com  be used for future annual report notifi	cation)	
For further information con	ncerning this matter, please cal	1:		
Buth pa Name of l	nten Person	at (544 860 - Area Code Daytime	Telephone Number	20 (42.13
Enclosed is a check for the	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 F Certificate of \$ Certified Copy (additional copy is	Status & 5
Mailing Address: Registration Se		<u>Street Address:</u> Registration Sec	tion	

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

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

D. M. P Poul and	Pressure Cleaning Services
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 589</u> 08	were filed on $\frac{2}{2} \frac{1}{2} \frac{1}{2020}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  D. M. PUO Area Puo  The new name must be distinguishable and contain the words "Limited Liabi	is ure cleaning Serves L LC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12894 158 C+ N JURTER F1. 33478
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 FT
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 name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	·

## 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 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
AMBR	Dustin M Panton	12894 158 Ctn	MAdd
		Jupiter F1 33478	□Remove
		12894 158 Ct n	□Change
AMBR	Basya C Wess	12894 158 C+ N S Jupiter 181, 33478	5 √Add
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Chanve

,	
-	
-	
•	
-	<del></del>
•	
•	
•	
-	
n ef ote:	tive date, if other than the date of filing:  (optional)  fective 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 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
ted	March 9, 2020
	6 \ \ A
	lulponte-
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00