LZ0000078934

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

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SUBJECT: HY	Ivostatic Tres	SURE WAShing a lited Liability Company	LIC PORTA
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	BJECT:		
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
For further information co		•	cation)
Name of	Person		Telephone Number
Enclosed is a check for th	e following amount:		Zip Code Zip Code Tre annual report notification) Code Daytime Telephone Number Street Address: Registration Section
\(\sigma\) \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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P.O. Box 632			
Tallahassee, F		2415 N. Monroe	Street, Suite 810

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

ARTICLES O	OF AMENDMENT	To state of the st
	ТО	The state of the s
ARTICLES OF	F ORGANIZATION	
	OF	<i></i>
(Name of the Limited Liability Cor (A Florida Limit	MESSUIC WASHING mpany as it now appears on our records.) ted Liability Company)	<u>llc</u>
The Articles of Organization for this Limited Liability Compa	March 1	v 1010
	any were filed on Tring Crc 18	and assigned
Florida document number <u>L20000078934</u> .		
This amendment is submitted to amend the following:		
This affectioned is submitted to affected the following.		İ
A. If amending name, enter the new name of the limited l	iability company here:	ļ
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
•		·
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
	16.1	, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:	_ Ityarostatic M	essure washing U
(Mailing address MAY BE A POST OFFICE BOX)	<u> 4085 HO</u>	ancock Beidge Bark
	North Fort Myers	FL 5/11/2-3
	7339	02
B. If amending the registered agent and/or registered offi	ice address on our records, enter the	name of the new registered
agent and/or the new registered office address here:	······································	1
2.1		l
Name of New Registered Agent:	Ingel Aller	
Name of New Registered Agent.	VIGOT DI /TO	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	1
I hereby accept the appointment as registered agent and	agree to act in this capacity. I furthe	r 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 3507 Lee Bloch unit 275	Type of Action
MUR	Imbaclen (heistophe	Address 3507 Lee Blue/ Unit 275 Thehigh, Acres, FL 3397/	□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
****		-	□Add
			□Remove
			□Change
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			□Remove
			Change
			□Add
			<u>l</u> □Remove
			☐ Change

f amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
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	<u>L</u>
	
	
Iffective date, if other than the date of filing: (option of the date of filing or more than 90 days after	onal)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bd is filed.	
Dated Apr. 15, 2020.	
Dated April 5, 2020, Michael Altu Signature of a member or authorized representative of a member Michael Alto Typed or printed name of signee	
Michael Alter	
Typed or printed name of signee	

Filing Fee: \$25.00