L20000087067

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration So Division of Cor					
	ESSURE SERVICES LLC				
SUBJECT:	Name of Lin	nited Liability Company	.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Alexander Melendez				
		Name of Person			
	PRIME PRESSURE SERV	VICES LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	5717 Red Bug Lake Road	Suite 366			
		Address			
	Winter Springs, FL 32708		201 SE		
		City/State and Zip Code	2025 MAR SECKET TALLA		
	primepressureFL@outlook.				
	E-mail address: (to be used for future annual report notificat	ion)		
For further information of	oncerning this matter, please c	all:			
Alexander Melendez		407 242-2121 at ()	AFFO FO		
Name o	of Person		lephone 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		Street Address: Registration Section	n		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of Talla	ahassee		
Tallahassee,	FL 32314	2415 N. Monroe St	treet, Suite 810		

Tallahassee, FL 32303



March 3, 2025

ALEXANDER MELENDEZ 5717 RED BUG LAKÉ ROAD SUITE 366 WINTER SPRINGS, FL 32708 US

SUBJECT: PRIME PRESSURE SERVICES LLC

Ref. Number: L20000087067

We have received your document for PRIME PRESSURE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that there is a signature from a member or authorize respresentative of a member on the last page.

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

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

Morgan E Lovett Regulatory Specialist II

Letter Number: 725A00004524

RECEIVED

MAR 1 7 2025

Signed on last page



www.sunbiz.org

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME PRESSURE SERVICES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/23/2020	and assigned
Florida document number L20000087067		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
PRIME PRO WASH LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		S 20
		- IO 35
Enter new mailing address, if applicable:		HAK ALTA
(Mailing address MAY BE A POST OFFICE BOX)		## O
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9. If amonding the registered point and/our maintains a co	5	m 51 -
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	aname of the new registered
Name of Shierr Dayler - LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	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.

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fective date, if other than the da	te of filing:				(optional)	コン	ب س
n effective date is listed, the date must be ste: If the date inserted in this block cument's effective date on the Depa	: does not meet t	he applicabl	late of filing or e statutory fil	more than 90 ing requiren	days after filing tents, this date	.) Pursuant to will not be	605.020 listed a
ecord specifies a delayed effective d is filed.	ate, but not an el	Mective time	, at 12:01 a.tr	ı. on the earl	ier of: (b) Tl	ie 90th day	after the
January 13	20.	25					
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