LZ0000095766

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04/21/20--01003--013 **25.00



MAY 0 1 ZUZU S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: KOA A T POWING A Prossure Washing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERARD Bell
KOALAT PAINT & Pressure Wishing
1347 Deerbourve DR.
Wesley Chapel, FL 33543
City/Stale and Zip Code 1A1 KOALAT © 6 MAIL i COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CORARD Bell at (8B) 784-005 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION KOALA T PRINTING + PROSCIED WASHING LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on <u>04/03/20</u> B LDØØØØØ95766	200_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC" or the	
Enter new principal offices address, if applicable:	11/0	2020 /
(Principal office address MUST BE A STREET ADDRESS)	—— P/A———	₹ 1
		200 - 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- N/A	-
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 r	name of the new registere
en de la constant de		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	, Fiorida , 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.

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
K <u>KGR</u>			
AMBR	Keth Sims	4208 N.294 Street	☐ Change
		TAMPA, FL 33.610	□Remove □Change
			□Remove
		<u> </u>	□Change
			□Add □Remove
			Change
<u>.</u>			□Add
			□Remove
			□Change
			□Add □Remove
			☐Chanve

		<u></u>
•		
Effective	date, if other than the date of filing:	(denoiteo)
<u>Note:</u> If t	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or the date inserted in this block does not meet the applicable statutory filit's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605,0207 ing requirements, this date will not be listed as
e record sp ed is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m.	i. on the earlier of: (b) The 90th day after the
Dated(04/18/2020 J.J. DM	Λ
	X MMV / XXI	
	Signature of a member or authorized representation	ve of a member

Filing Fee: \$25.00