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Certified Copies	Certificate:	s of Status
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COVER LETTER

TO:

TO: Registration Sect Division of Corpo		_	-
subject: Soc	ay & Mac O Name of Limi	Itessure washing oited Liability Company	j-ilc
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Rodnan Aime	Name of Person	
	Spray & ma	Pressure Mask	mg LLC
	250le Sherm	nan 5t Hollywood	FL 33020
	Hollywood, FL	City/State and Zip Code	
	Smpressiewa E-mail address: (1	Shing a Com to be used for future annual report r	notification)
For further information cor	cerning this matter, please ca	all:	
Rodran Aim E Name of F	Person	at (954) 5 Area Code Day	59-6204 time Telephone Number
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	
Registration Se		Registration	
Division of Co P.O. Box 6327	rporations	Division of C	f Tallahassee
Tallahassee, FI	. 32314		r rananassee iroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Con la o o o			hability	Compar
(Name of the Limited Liability/Comp (A Plorida Limited	SMC WAS LIVED TO BE THE SME THE SM	our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on _O _	-06-20	20 and as	signed
Florida document number <u>L20000596554</u> .				
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the limited lia	bility company here:			
Splash & mac Dressure wash, as The new name must be distinguishable and contain the words "Limited Lith	Limited Liconility Company." the design	ation "LLC" for the	Om Ain	1
Enter new principal offices address, if applicable:	NIA		1020 T	<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)			300 - 2	
			16.1 +	
Enter new mailing address, if applicable:	ΝΊΑ		AH 5	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	F31 F	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the na</u>	ame of the nev	v registerec
<i>a</i>				
Name of New Registered Agent: NA		<u></u>		
New Registered Office Address: N	Enter Florida si	treet address		
		. Florida		
	City	, riorida	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
1-1N/A			□Add
		<u></u>	□Remove
			□Change
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ument's effective	date on the Departi	ment of State's i	records.			
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