12000 109107

| (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: |
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Office Use Only



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COVER LETTER

| | Registration S Division of Co | | | |
|----------------|----------------------------------|--|---|---|
| SUBJEC | | nood Pressure Cleaning LLC | | |
| SUBJEC | .1: | Name of Lir | nited Liability Company | |
| The encle | osed Articles of | Amendment and fee(s) are sub- | omitted for filing. | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | |
| | | Bishop G Wolfe | | |
| | | | Name of Person | |
| | | Neighborhood Pressure | Cleaning LLC | |
| | | | Firm/Company | |
| | | 1410 Floral Ln | | |
| | | | Address | |
| | | Merritt Island, FI, 32952 | | |
| | | - | City/State and Zip Code | |
| | | neighborhoodpressureck | | |
| | | | to be used for future annual report not | ification) |
| For furthe | r information c | oncerning this matter, please c | all: | |
| Bishop V | Volfe | | 321 917-1728 | |
| , | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.0 | 0 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 S | | Street Address: | ction |
| | Division of C | | Registration Se Division of Cor | |
| P.O. Box 6327 | | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314



July 7, 2020

BISHOP G. WOLFE 1410 FLORAL LN MERRITT ISLAND, FL 32952

SUBJECT: NEIGHBORHOOD PRESSURE CLEANING LLC

Ref. Number: L20000109107

We have received your document for NEIGHBORHOOD PRESSURE CLEANING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

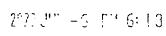
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 020A00013197

Irene Albritton Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2020

BISHOP G. WOLFE 1410 FLORAL LN MERRITT ISLAND, FL 32952

SUBJECT: NEIGHBORHOOD PRESSURE CLEANING LLC

Ref. Number: L20000109107

We have received your document for NEIGHBORHOOD PRESSURE CLEANING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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

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

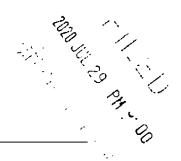
Letter Number: 720A00011657

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Neighborhood Pressure Cleaning LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited L. Florida document number L20000109107 | iability Company were fil | led on 07/26/2020 | and assigned |
|---|-------------------------------|---------------------------------------|----------------------------|
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited liability cor | npany here: | |
| The new name must be distinguishable and contain the v | words "Limited Liability Comp | any," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applie | able: | | |
| (Principal office address MUST BE A STREI | ET ADDRESS) | <u></u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. | registered office address | on our records, enter the I | name of the new registered |
| Name of New Registered Agent: | Bishop Wolfe | | |
| New Registered Office Address: | 1410 Floral Ln | F | |
| | Merritt Island | Enter Florida street address, Florida | 32952 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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| ctive date, if other than the effective date is listed, the date is | ie date of filing: | not be prior to dat | e of filing or more th | (option | al) ing) Pursuani to 605 026 |
| e: If the date inserted in this | block does not meet | the applicable: | | | |
| iment's effective date on the | Department of State | s records. | | | |
| ord specifies a delayed effect | ive date but not an a | effective time : | it 12:01 a.m. on th | ve earlier of: (b) | The 90th day after the |
| filed. | Tre date, but not an e | incerve time, t | K 12.01 L.H. 00 H | e carrier or. (o) | The 70th day after the |
| lulu ac | 2 | 000 | | | |
| July 26 | | 020 | | | |
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| | 24/0/7 | | | | |
| | Signature of a mem | ber or authorized | representative of a | member | |

Filing Fee: \$25.00