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(Requestor's Name)				
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(Ducining Fréigh Manna)				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

SUBJECT: Southern Tropics Pressure Washing and Roof Cleaning L.L.C.
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Kenneth Sweeny Name of Person
Southern Tropics Pressure Warning and Roof Cleuning LL. C Firm/Company
12708 litewood drive
Hudson Fl. 34669  City/State and Zip Code  Wayne - Sweeny @ Yahow. Com  Grand address to be used for futher annual report partiferation)
13-Hall dealess, (to be used to these united report formed on)
For further information concerning this matter, please call:    Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee
Mailing Address: Street Address:

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

TO:

Registration Section Division of Corporations

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Tropics	Pressure	Washing pany as it now appears Liability Company)	and Roof	Cleaning Cit C
The Articles of Organization for this Limited Florida document number 42000	Liability Compan	4	-28-20	and assigned
This amendment is submitted to amend the fo	llowing:			0%
A. If amending name, enter the new name	of the limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and contain the Enter new principal offices address, if apple (Principal office address MUST BE A STRE	icable:	Henney  12708  Hudson	ignation "LLC" or the  A Sweet  Aire wood	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>		
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our rec	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Menne	th Sween	ny	
New Registered Office Address:	12-108		Dr. UE	
	Hudso		Florida _	34669
		City		Zīp 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

Title	Name	Address	Type of Action
4mBR	Kenneth Sweeny	12708 Litewood Drive	1Exau
		Hudson FL 34669	□Remove
			□Change
mar	Danielle Onstott	12708 likewood drive	□Add
		Hudson F1, @ 3464	29 Eskemove
			🗀 Add
			□Remove
			□Change
		***	□Add
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<del></del>		<del></del>	□ Add
			Remove
			∏t`henge

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please remove Danielle Onstott off
of the business. Henneth Sweeny Should
Please remove Danielle Onstott off Of the business. Henneth Sweeny Should be the only one listed as Officer + Outhorited Manager Thank you.
Duthorited Managor Thank und.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 6000000 5-4 2020
Signature of a member or authorized representative of a member
Kenneth Sweeny Typed or printed name of signee

Filing Fee: \$25.00