

L20 000131660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

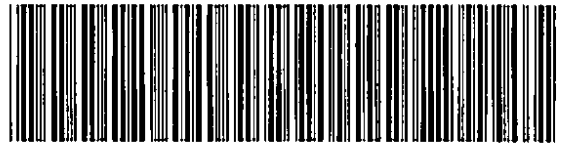
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WAZ

Office Use Only



000346777240

06/30/20--010 11 40:00 **25.00

RECEIVED

JUN 20 2020

2020 SEP 21 PM 6:25

FILED

CLERK OF COURT
STATE OF MISSISSIPPI
JUL 21 2020

SEP 21 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2020

JEAN ST. VICTOR
860 NE 156TH TERRACE
MIAMI, FL 33162

SUBJECT: NO PRESSURE PRESSURE CLEANING AND DETAILING LLC
Ref. Number: L20000131660

We have received your document for NO PRESSURE PRESSURE CLEANING AND DETAILING 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):

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.

Shelia H Young
Regulatory Specialist, II

Letter Number: 720A00015168

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No pressure Cleaning and Detailing 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:

Jean St. Victor
Name of Person

No pressure Cleaning and Detailing LLC
Firm/Company

800 NE 156th Terrace
Address

Miami, FL 33162
City/State and Zip Code

Jean St. Victor 101@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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
TO
ARTICLES OF ORGANIZATION
OF**

No Pressure Pressure Cleaning and Detailing 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 Liability Company were filed on 05/15/2020 and assigned Florida document number L20000131660.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

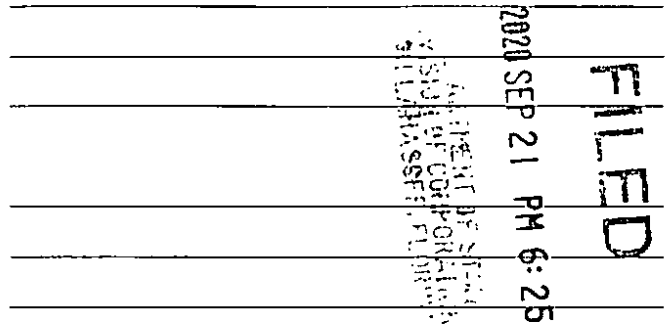
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Stanley Fleurbaey

New Registered Office Address:

1061 NE 152 Terr

Enter Florida street address

Miami

City

Florida

33162

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Peter Guerrier</u>	<u>525 NE 159th ST Miami, FL 33162</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Stanley Fleurbaey</u>	<u>1061 NE 152 Terr</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33162</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Owner</u>	<u>Jean St. Victor</u>	<u>860 NE 156 Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33162</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>J.S. Truth Investments (LLC)</u>	<u>860 NE 156 Terrace</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33162</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____, _____

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

Stanley Fleurbaey
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00