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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section **Division of Corporations**

SUPERIOR SUBJECT:	R MAINTENANCE & PRESSI	JRE WASHING LLC	
3000ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacob Brenyo		
		Name of Person	
	SUPERIOR MAINTENAN	NCE & PRESSURE WASHING I	LC
	-	Firm/Company	
	7144 Cane Hills Cir		
	_	Address	.
	Orlando, FL 32819		
		City/State and Zip Code	
	jacobbrenyo@gmail.com		
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Jacob Brenyo		407 3333353	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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:
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

2020 FT 22 PM 4: 57

SUPERIOR MAINTENANCE &	PRESSURE WASHING LLC
------------------------	----------------------

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

	City		Zip Code
N/A		, Florida ^{N//}	<u> </u>
	Enter I	Torida street address	
New Registered Office Address: N/A			
Name of New Registered Agent: N/A			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on ou	r records, <u>enter the nam</u>	e of the new registered
	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>		
Enter new mailing address, if applicable:	N/A		
	N/A	_	
(Principal office address MUST BE A STREET ADD			
f amending name, enter the new name of the limited liab ew name must be distinguishable and contain the words "Limited Liabil r new principal offices address, if applicable: acipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: Sling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office at and/or the new registered office address here: Name of New Registered Agent: N/A New Registered Office Address:	N/A		
The new name must be distinguishable and contain the words "Lin		e designation "LLC" or the abb	reviation "L.L.C."
N/A			
A. If amending name, enter the new name of the lim	ited liability company	here:	
This amendment is submitted to amend the following:			
Florida document number L2000/132145	,		
	Company were filed on		and assigned
	- ~ .	06/04/2020	

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 amending Authorized Person(a) 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>	Type of Action
MGR	CALEB G. BRENYO	7144 CANE HILLS CIR, ORLANDO, FL 32819	= Add
			□Remove
			□Change
	_N/A		□ Add
			□Remove
	1.		Change
	N/A		□Add
			Remove
	. 1,		Change
	N/A		Add
			□Remove
	. 11		Change
	N/A	_	□Add
			□ Remove
	11 / 1		Change
	N/A		DAdd
			🗆 Remove
			□Change

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ote: If the date inserted in t	the date of filing: te must be specific and cannot be phis block does not meet the apthe Department of State's reco	prior to date of filing or more that plicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605.0 irrements, this date will not be listed	0207 i d as t
ecord specifies a delayed ef is filed.	fective date, but not an effectiv	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day after	the
06/18 ated	2020			
	1/2/1/2	•		
	1/1/1/1/////	712		

Typed or printed name of signee