120000152756

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TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			•
suвјест: <u>Sab</u>	inco Atlantic Name of Limi	Window Cleared Liability Company	neing and Presoure Cl
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
		hel Eyler Name of Person	· · · · · · · · · · · · · · · · · · ·
	Salorinas A.	Hantie Window Cl	Leaning + Prossuro Clean
	2075 N	Powerlene Ra	1 #4
	Rompano	Beach Fl 33C	069
	Brianeu E-mail address: (1	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	II:	
Rachel (Tule (at (984) 642 7 Area Code Daytime	696 Telephone Number .
Enclosed is a check for the	ne following amount:		
∑ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sect	tion
Division of C P.O. Box 632	orporations	Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sabrinas Atlantic Window Cleaning and Presare Cleaner (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 4/12020 and assigned Florida document number 120000152756 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Squeegee Wizards, LLC.

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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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(If an effe	re date, if other than the date of filing:
	nt's effective date on the Department of State's records.
ie record ord is file	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 d.
Dated _	9/19/2023
	Signature of a member or authorized representative of a member
	Rachel Euler Typed or printed name of signee