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| (Req                       | uestor's Name)   |             |
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| Certified Copies           | Certificates     | s of Status |
| Special Instructions to Fi | iling Officer:   |             |
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Office Use Only



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OIVISION OF COMPORATIONS

## **COVER LETTER**

| TO: Registration Division of C | Section<br>Corporations  |   |  |
|--------------------------------|--|---|--|
| SOUTH<br>SUBJECT:              | FLORIDA PRESSURE CLEAN   | ING.LLC   |  |
| SUBJECT.                       | Name of Lin  | nited Liability Company   | <del></del>                            |
| The enclosed Articles          | of Amendment and fee(s) are sub  | Alta Pressure Cleaning Liability Company  mendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  JOHAN BRITO LICONTE  Name of Person  South Florida Pressure Cleaning Company  SS41 W 34TH CT  Address  HIALEAH FL 33018  City/State and Zip Code  Rebronjamen14@grazil.com  E-mail address: (to be used for future annual report notification)  reming this matter, please call:  Area Code  S373160  at (  Area Code  Daytime Telephone Number  Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations |  |
| Please return all corre        | spondence concerning this matter   | to the following:   |  |
|                                | JOHAN BRITO LICONT   | E   |  |
|                                | Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  JOHAN BRITO LICONTE:  Name of Person  South Florida Pressure Clearing LLC  Firm/Company  S841 W 34TH CT  Address  HIALEAH FL 33018  City/State and Zip Code  lebronjamen14@gmail.com  E-mail address: (to be used for future annual report notification)  Finformation concerning this matter, please call:  BRITO LICONTE:  Name of Person  Area Code  Daytime Telephone Number  S a check for the following amount:  OF filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Laiting Address:  Registration Section  Division of Corporations  O. Box 6327  The Centre of Tallahassee |   |  |
|                                |  | Firm/Company  | V                                      |
| ·                              |  | Address   | <del></del>                            |
|                                | HIALEAH FL 33018   | Name of Limited Liability Company  and fee(s) are submitted for filing.  ming this matter to the following:  RETO LICONTE.  Name of Person  Address  I FL 33018  City/State and Zip Code  114@gmail.com  E-mail address: (to be used for future annual report notification)  matter, please call:  1646  1747  Area Code  1873160  1947  Area Code  1955.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee   |  |
|                                | lebraniamen la Querrail com  | ,   |  |
|                                |  |   | lification)                            |
| For further informatio         | n concerning this matter, please c   | all:  |  |
| JOHAN BRITO LICONTE            |  |   |  |
| Nam                            | e of Person  | Area Code Daytir  | ne Telephone Number                    |
| Enclosed is a check for        | r the following amount:  |   |  |
| □ \$25.00 Filing Fee           |  | Certified Copy  | Certificate of Status & Certified Copy |
|                                |  |   | ection                                 |
| Division of                    | Corporations   |   | •                                      |
|                                | 327<br>2. FL 32314   |   | raffanassee<br>oe Street, Suite 810    |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| SOUTH FI | ORIDA | PRESSURE | CLEANING. | LLC |
|----------|-------|----------|-----------|-----|
|          |       |          |           |     |

|   | <del></del>                                 | City   | Zip Code                                      |  |  |
|---|---|--|---|--|--|
|   | HIALEAH                                     |  | _, Florida <u>33018</u>                       |  |  |
| Then Registered Office Address.   |   | Enter Florida street a                               | uddress                                       |  |  |
| New Registered Office Address:  | 8841 W 34TH                                 | СТ   |   |  |  |
| Name of New Registered Agent:   | JOHAN BRITO LICONTE                         |  |   |  |  |
| ent and/or the new registered office addr   | ess nere.                                   |  |   |  |  |
| If amending the registered agent and/or ent and/or the new registered office addr | -   | add <mark>ress on our records, <u>e</u></mark>       | enter the name of the new regis               |  |  |
| ı   |   |  | 16.<br>16.045<br>26                           |  |  |
|   |   |  | <u>5:                                    </u> |  |  |
| failing address MAY BE A POST OFFICE  | E BOX)                                      | HIALEAH FL 33018                                     | R 325   |  |  |
| Enter new mailing address, if applicable:   |   | 8841 W 34TH CT                                       | 26 CR.  |  |  |
|   |   |  |   |  |  |
|   |   |  | 2 S   |  |  |
| rincipal office address MUST BE A STRE  | EET ADDRESS)                                | HIALEAH FL 33018                                     | <u> </u>                                      |  |  |
| nter new principal offices address, if appl                                       | icable:                                     | 8841 W 34TH CT                                       |   |  |  |
| e new name must be distinguishable and contain the                                | words "Limited Liabi                        | lity Company," the designation                       | "LLC" or the abbreviation "L.L.C."            |  |  |
|   |   |  |   |  |  |
| If amending name, enter the new name  | of the limited liab                         | ility company here:                                  |   |  |  |
| nis amendment is submitted to amend the fo  | llowing:                                    |  |   |  |  |
| orida document number L20000155893  | ·   |  |   |  |  |
| ne Articles of Organization for this Limited                                      | Liability Company                           | were filed on 05/08/2020                             | and assigned                                  |  |  |
|   |   |  |   |  |  |
| (Name of the Lin  | nited Liability Compa<br>(A Florida Limited | iny as it now appears on our r<br>Liability Company) | records.)                                     |  |  |

## 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>   | Type of Action   |
|--------------|---------------------|------------------|--|
| MGR          | ARIEL CEBALLOS      | 4426 SW 132 PL   | □Add   |
|              |                     | MIAMI, FL 33175  | ■Remove  |
|              |                     |                  | □Change  |
| AMBR         | JOHAN BRITO LICONTE | 8841 W 34TH CT   | <b>≣</b> Add   |
|              |                     | HIALEAH FL 33018 | □Remove  |
| <del></del>  |                     |                  | SECRETAR<br>SECRETAR<br>OF COMMON OF COMMO |
|              |                     |                  | FRemover S   |
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| fective date, if other than effective date is listed, the d | an the date of f<br>ate must be specifi | iling:             | ior to date of filing | g or more than 90 da | ( <b>optional)</b> ivs after filing.) Pe | ursuant to   | 605.020                  |
| ote: If the date inserted in cument's effective date or     | this block does t                       | not meet the app   | licable statutory     |                      |  |              |                          |
| ounient a encourre date in                                  | tile is epartissent                     | or other breeze    | <b>u</b> 3.           |                      |  |              |                          |
| ecord specifies a delayed o                                 | ffective date, but                      | t not an effective | e time, at 12:01      | a.m. on the carlie   | r of: (b) The 9                          | Oth day a    | ifter th                 |
| is filed.   |   |                    |                       |                      |  |              |                          |
| 09/20/2022  |   | $\bigcap$          |                       |                      |  |              |                          |
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A to make the

Filing Fee: \$25.00