LZ0000 175359

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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08/24/20--01033--029 **25.00

OCT 08 2020

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

411111 1114111	N&R PRES	SURE CLEANER SERVICE	S LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		Yoandri Nieblas Mllanes		
			Name of Person	
			ulh	
		-	Firm/Company	
		10984 WITCHAVEN ST		
			Address	
		JACKSONVILLE, FL 322	46	
			City/State and Zip Code	
		irdanoy@gmail.com F-mail address: U	to be used for future annual report noti	tication)
For further in	iformation co	oncerning this matter, please ca		
Yoandri Nie	blas Milanes		786 461-2463	
	Name of	Person	at () Area Code Daytim	ic Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)
Re	iling Address	Section	Street Address: Registration Se	
	zision of Co) Box 632	orporations 7	Division of Cor The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22477 - 21 72 73 60

If Changing Registered Agent, Signature of New Registered Agent

N&R PRESSURE CLEANER SERVICES 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 Florida document number 1,20000175359	were filed on 06/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10984 WITCHAVEN S	Γ
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 3	2246
Enter new mailing address, if applicable:	10984 WITCHAVEN ST	r
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 3	2246
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, g	enter the name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida sireet	address
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agraphosisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office common has been notified in writing of this change.	ee to act in this capacity performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
company has been notified in writing of this change.		

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

2.11 121 12 7:40

<u>Title</u>	<u>Name</u>	Address	Type of Action
p	ROVILSON DEMORAES	3801 CROWN POINT RD APT 2171	□Adđ
		JACKSONVILLE, FL 32257	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		 -	Change
			□Add
			□Remove
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		07 (22 (2020)
E. Effect	ive date, if other than the da	te of filing: (optional)
Note:	If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 does not meet the applicable statutory filing requirements, this date will not be listed as rtment of State's records.
f the recor ecord is fi		ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Friday, August 14	2020
.>		
	_ .	Mik Ad.
		nature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee