

120000 186362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

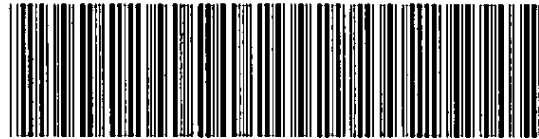
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2020 AUG 25 PM 5:00

C SIMMONS

OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANIAC PRESSURE CLEANING AND MORE, 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:

TRACY CONDE

Name of Person

MANIAC PRESSURE CLEANING AND MORE, LLC

Firm/Company

701 4TH STREET

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

TCOND005@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY CONDE

561 806-9170

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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**

2020 AUG 25 PM 5:00

MANIAC PRESSURE CLEANING AND MORE, 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 7/1/2020 and assigned
Florida document number 120000186362.

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 "L.L.C."

Enter new principal offices address, if applicable:

701 4TH STREET

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

701 4TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33401

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:

TRACY CONDE

New Registered Office Address:

701 4TH STREET

Enter Florida street address

WEST PALM BEACH

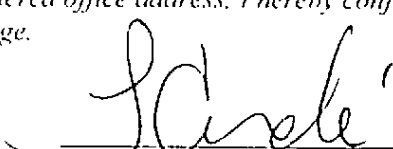
City

Florida 33401

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

7/29/2005 25 PM 5:00

[illegible]

if necessary.)
 25 PM 5:00

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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 17 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00