

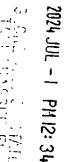
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
Olympus I	Pressure Washing, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Darrell B Yancy		
		Name of Person	
	Olympus Pressure Washin	g, 1.1.C	
		Firm/Company	
	3510 Heart Pine Loop		
		Address	
	Ococe, FL 3289		
		City/State and Zip Code	
	dyancy@olympuspressurev	•	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Darrell B Yaney		321 420-0050 at ()	
Name of Person		Area Code Daytim	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 631	-	Division of Cor The Centre of T	•
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Same and the

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on o ated Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number 1.20000196611				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Olympus Concrete Coatings, LLC				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A			
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	N/A	FILED 4 JUL - 1 PH 12:34		
ngent and/or the new registered office address here:	ice address on our record	is, enter the name of the new registe		
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zin Code		

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

					
					
					
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	<u></u>	<u> </u>			
	<u> </u>				
					
					
					<u></u>
		06/01/2024		(antinnal)	
. Effective date, if other than	e must be specific and is block does not t	d cannot be prior to date meet the applicable s	e of filing or more than 96 statutory filing require	(optional) Odays after filing.) Pursuant ments, this date will not	to 605.0207 (1 be listed as th
(If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	ne Department of	State 5 records.			
Note: If the date inserted in th			it 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
Note: If the date inserted in the document's effective date on the the record specifies a delayed effected is filed			it 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
Note: If the date inserted in the document's effective date on the the record specifies a delayed eff		ot an effective time, a	at 12:01 a.m. on the ea	rlier of: (b) The 90th da	y after the
Note: If the date inserted in the document's effective date on the the record specifies a delayed effected is filed	ective date, but no	ot an effective time, a	t 12:01 a.m. on the ea		y after the