Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STREAMLINE PRESSURE WASHING SOLUTIONS, LLC

Certificate of Status	0
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Page Count	04
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DEC 16 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STREAMLINE PRESSURE WASHING SOLUTIONS, 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 Compa	any were filed on 07/15/	20 and assi	
Florida document number L20000205859		1921 DEC	75081 15081 15081
This amendment is submitted to amend the following:		ر. در	DY CO
A. If amending name, enter the new name of the limited l		<u> </u>	A DICE STATES
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L	
Enter new principal offices address, if applicable:		····	
(Principal office address MUST BE A STREET ADDRESS	2		
			<u></u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		-	
		#HIPTAY L	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records	, enter the name of the new	registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida Zip Code	
	-	Zip (ode	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and			

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 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>	Address	Type of Action
AMBR	Austin McLaughlin	7901 4TH ST N STE 300	% Add
		ST. PETERSBURG, FL 33702	□Rеточе
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	Tective date, if other than the date of filing: 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 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as beaument's effective date on the Department of State's records. Trecord 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 is filed.					-
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Filing Fee: \$25.00