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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pivotal Pressure Cleaning "UC" 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:
Tony Terranco Name of Person
Privatal Pressure Cleaning "UC"
APT: 5D Address
Fort Landerdale, FL 33304 City/State and Zip Code Tony. Terrameo @ Ad. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tony Terranco at (954) 258-7777 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Pivotal Pressure		"LLC"		
(Name of the Limited Liabi (A Flori	i <mark>lity Company as it now a</mark> da Limited Liability Comp	ppears on our records.) any)		-
The Articles of Organization for this Limited Liability Florida document number <u>L2000228030</u>	Company were filed o	n <u>07-30-2020</u>	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability compar	ıy here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company,"	the designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	***		~	
(Principal office address MUST BE A STREET ADD	RESS)		020	
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Enter new mailing address, if applicable:			19	
(Mailing address MAY BE A POST OFFICE BOX)				أمسا
			27	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on o	ur records, enter the nar	ne of the 1	iew register
Name of New Registered Agent:				
New Registered Office Address:				
registered Office Address.	Enter	Florida street address		
		, Florida		
	Cîty		Zip Coo	le

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>	Address	Type of Action
PTR	Grossman, Jake M	2625 NE 26th Place	□Add
		Fort Landerdale, FL 33304	Z Remove
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			□Add
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record specifies a lis filed.	a delayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 9	Oth day	after the
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