## L20000240425

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
eth recy.	Pressure Washing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Preston Maddox		
		Name of Person	
		Firm/Company	<del>,</del>
	2229 lake bradford rd		
		Address	
	Tallahassee FL, 32310		
	NewWavePressure@gmail.	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please c	all:	
Preston Maddox		813 5129942 at ()	
Name of	Person		Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	3:	Street Address:	

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Seven Hills Pressure Washing LLC	Cu =7 x:C:	: 2
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L20000240425	ompany were filed on 08/10/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
New Wave Pressure Washing LLC		
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City:	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

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>	Name	Address C = 7 7 7 7 2	Type of Action
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this blocklocument's effective date on the Department.	e specific and cannot be k does not meet the a	prior to date of fili pplicable statuto:	ng or more than 90		
record specifies a delayed effective of is filed.	late, but not an effect	ive time, at 12:0	l a.m. on the earl	ier of: (b) Th	e 90th day after th
October 3 Dated	2020				
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