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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	istration Se ision of Cor			
CUDIECT.	Peace Love	& Light Pressure Cleaning &	Painting LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Johnathan K. Johnson		
			Name of Person	
		Peace Love & Light Pressu	re Cleaning & Painting LLC	
			Firm/Company	
		241 NW 7th Avenue		
			Address	
		Delray Beach Florida, 334-	14	
			City/State and Zip Code	
		TheemrJohnson@gmail.com	n to be used for future annual report r	otification)
For further in	nformation c	oncerning this matter, please ca		
Johnathan K	. Johnson		561 4275374	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
≅ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	
Div	ision of C	orporations	Division of C	Corporations
۲.C). Box 632	. 1	The Centre of	i i aiianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peace Lave & Light Plessure Clear (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ning & Painting LLC ears on our records.)
s of Organization for this Limited Liability Company were filed on	09-11-2020 and as

ssigned The Articles of Organization for this L Florida document number L 2000 284696 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida ___

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.

City

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
MGR	Johnathan K Johnson	241 nw Tin Ave	Z Add
		Dellay Book FL. 33444	□Remove
			□ Change
			□Add
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ote:	ive date, if other than the date of filing:
recoi Lis fi	rd 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 led.
ated	10/9/20
	Signature of a member or authorized representative of a member
	Johnsthan K Johnson Typed or printed name of signee

Filing Fee: \$25.00