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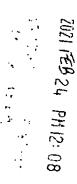
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 0 5 2021

Division of Corporations

February 14, 2021

OSVALDO GONZALEZ, JR. 10300 FOREST KNOTT CT FORT MYERS, FL 33908

SUBJECT: ULTRACLEAN PRESSURE/SOFT WASHING LLC

Ref. Number: L20000286589

We have received your document for ULTRACLEAN PRESSURE/SOFT WASHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00003289

Irene Albritton Regulatory Specialist II

www.sunbiz.org

THE SECOND POST OF THE SECOND PROPERTY OF THE

COVER LETTER

Registration Section Division of Corporations

BJECT: UltraClean Pressure/Soft Washing LLC
Name of Limited Liability Company

ie enclosed Articles of Amendment and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

Osvaldo Gonzalez Jr.
Ultra Clean Pressure/Soft Washing LLC
10.300 Forest knoll ct
Address
Fort Myers, Florida 33908 City/State and Zip Code Osvaldogonzalez 66@amail.com E-trail address: (to be used for fuel re annual report notification)
OSVAIDOGONZALEZ 6600 GMG. COM E-trail address: (to be used for further annual report notification)

For further information concerning this matter, please call:

Osvaldo Gonzalez Jr. at (239) 265-2867
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- **☑** \$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(A FIO	rtoa cuinteo cuaonity Company)
ne Articles of Organization for this Limited Liability lorida document number L2000286589	
his amendment is submitted to amend the following:	;
1. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)
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 are	gistered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Now Desistance Assert's Company of the series Desistance	City Zip Code
New Registered Agent's Signature, if changing Registe	reu 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

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being autoemoved from our records:

R = Manager IBR = Authorized Member		The state of the s		
<u>.le</u>	Name	Address 2021 FEB 24 PH 12: 08	Type of Action	
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		s a delayed effecter the record is		not an effecti	ve time, at 1	2:01 a.m. o	n the earlier	of:
Dated	2/19/	all Signatu	GAN I	. authorized represent	ative of a member			
		Osvaldo	Gonz	GAZ printed name of sign	r.			

Page 3 of 3

Filing Fee: \$25.00