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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
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2021 JSN 13 PT WSS

2021 JAN 13 AM 8: 3

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NCIENT CITY	POWERWASHING &	
EALING LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
ignature		Fictitious Owner Search
		Vehicle Search
		Driving Record
equested by:		UCC 1 or 3 File
lame	Date Time	UCC II Search
	out time	UCC II Retrieval
Valk-In	Will Pick Up	Courier
		,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ancient City Powerwoshing & Sealing LCC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	in the desired of the
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)
	ကြက္ ထ
	THE COLUMN
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	red office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MUR	Kevin Bennett	133 Golden rod Lake	⊘ () MAdd
		Sant Augustine, 67	□Remove
		32084	□Change
			□Add
			Remove
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