

120000329536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

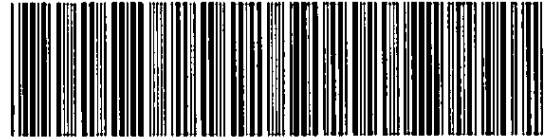
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 29 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FL

45
8/29/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2021

BILY ARIAS
3809 BLACKBERRY CIR
SAINT CLOUD, FL 34769

SUBJECT: FAMILY PRESSURE WASHER LLC
Ref. Number: L20000329536

We have received your document for FAMILY PRESSURE WASHER LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE DOCUMENT IS ILLEGIBLE AND NOT ACCEPTABLE FOR IMAGING

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 221A00018728

RECEIVED
AUG 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family pressure Washer LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bily Sachez Arias
Name of Person

Firm/Company

3809 Blackberry Cir
Address

Saint cloud, FL, 34769
City/State and Zip Code

Ariasbily@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bily Sachez Arias at (407) 639-7106
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Family Pressure Washer LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 17, 2021 and assigned Florida document number 120000329536.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ARISANZ TRANSPORTATION LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Not change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Not change

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:

Not change

New Registered Office Address:

Not change

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 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>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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Not Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I would like to get a full name change I'm not longer
called Billy Arias. Now is Billy Sanchez Arias. ~~XXXX~~
~~XXXX~~

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 09/07/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 8/18/2021

Billy Sanchez Arias
Signature of a member or authorized representative of a member

Billy Sanchez Arias
Typed or printed name of signee