## LZ0 000 335093

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHB IFC		owerwash, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Eric L. Johnson		
			Name of Person	
		Jet Force Powerwash, LLC		
			Firm/Company	
		535 SW Whisper Drive		
			Address	
		Fort White, FL 32038		
			City/State and Zip Code	<del></del>
		jetforcepw@gmail.com	to be used for future annual report not	(Fastian)
For furth	er information e	concerning this matter, please c		meanon
		oncerning and matter, prease c		
Eric L. J			at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jet Force Power Wash, LLC					_
(Name of the Limited Liability Co (A Florida Lim	ompany as it now nited Liability Cor	v <b>appears on ou</b> пралу)	records.)		_
The Articles of Organization for this Limited Liability Comp	pany were filed	I on 10/22/2020	)	_ and	assigned
Florida document number L20000335093					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability comp	any here:			
Jet Force Powerwashing, LLC					
The new name must be distinguishable and contain the words "Limited	Liability Compan	y," the designation	on "LLC" or the abbr	eviation	"L.L.C."
Enter new principal offices address, if applicable:	N	Д	<u></u>		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>			-	
				2920 G	
Enter new mailing address, if applicable:				[-;	
(Mailing address MAY BE A POST OFFICE BOX)				- <del>-</del> -	
			(内下) (中で) (中で)	7: 	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address or	n our records	, enter the hame	of the	new registe
Name of New Registered Agent:	NA		<u></u>		
New Registered Office Address:	F	 nter Florida stree			
	r.	nter r ioriaa stree	a aaaress		
			, Florida	71. 21	
	City			Zip Co	de

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	NA	Address	Type of Action
				□Add
				□Remove
				□Change
				□Add
				□Change
				□Add
				□Remove
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				□ Remove
				□Change

## Page 2 of 3

	N/A.
an c	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
Th	EÚ 1 <del>10 - 22 - 20</del> 12-10-20 20)
Th	ELÍ d <u>10-22-20 12-10-20,20</u> C· f 11
	ELJ