| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Q. SILAS |
| JUN 20 2022 |
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Office Use Only



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RECEIVED

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|---|
| SUBJECT: | Du Vall Name of Lim | Softwash LL ited Liability Company | <u> </u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Willi | M Name of Person | |
| | | Firm/Company | |
| ` | 1764 NE 9 | 5 th 5 ^t Address | |
| | Anthony, Flor | City/State and Zip Code | |
| | Owall Softwa 6-mail address: (1 | Sh G G M ai I. COM o be used for future annual report notif | ication) |
| For further information of | concerning this matter, please ca | • | |
| William D Name o | wall of Person | at (352) 497 - Area Code Daytime | 3474 Telephone Number |
| Enclosed is a check for t | he following amount: | | / |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fcc & 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Duvall_Sof | twash LICUN 20 PM 2: 18 |
|--|--|
| (A Florida L | Company as it now apper to Environment Ur STATE Limited Liability Company) TALLAHASSEE, FI |
| The Articles of Organization for this Limited Liability Col Florida document number <u>L20000356920</u> | mpany were filed on $11/10/2-020$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited Stas Stripes Saft was The new name must be distinguishable and contain the words "Limited" | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE | ESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| B. If amending the registered agent and/or registered or agent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: $\frac{N}{A}$ | 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> | Address | Type of Action |
|--------------|-------------|----------------|----------------|
| M/A_ | | | □ Add |
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| (If an ef Note: | tive date, if other than the date of filing: 06 00 0000000000000000000000000000000 |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Datad | 06/20/2002 William Pull |
| izaicu | William Will |
| Daicu | Signature of a member or authorized representative of a member |

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