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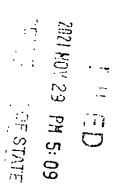
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**A. RIVERS**DEC 1 4 2021



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## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Port Roye	als Swashbucklin	o Pressure Cleaning and Liability Company	LLC.
	Name of Lim	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Name of Person  Vashbookling Pressu  Firm/Company	re Cleaning LLC.
	5841 Lancewo	Address	<u> </u>
	Naples, FL PRSPC nap E-mail address: (1	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Obe used for future annual report notion	fication)
For further information conc	cerning this matter, please ca	dl:	
Juan D. Name of Pe	Esponda	at (239) 895 Area Code Daytim	-8624 ne Telephone Number
Enclosed is a check for the f	following amount:		/
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Coo The Centre of 7	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Port Royals Swashbuckling Pressure Cleaning LLC.

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

(A Florida Limited Liability Company)

(A)	riorida Limited Liability Con	ipany)	
The Articles of Organization for this Limited Liab Florida document number 42000378	- ·	on 12/03/2020	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability comp	any here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company	y," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
• • • •			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		***	
B. If amending the registered agent and/or regi		our records, enter the name	of the new registere
agent and/or the new registered office address t	<u>nere</u> :	:	71
		,	
Name of New Registered Agent:			
New Registered Office Address:			10
	Er	nter Florida street address	-0  T
		Florida 10	<b>E O</b>
	City	Plotida	Zipi Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	—————————————————————————————————————	9
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	agent and agree to act in and complete performa ered agent as provided f gistered office address, i	nce'of my duties, and I am fa for in Chapter 605, F.S. Or, ij	miliar with and Othis document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicole Padron		□Add
		5841 Lancewood Way, Naples FL 34	116 PRemove
			□Change
<u>AMBR</u>	Nicole Esponda	5841 Lancewood Way, Nucles F 34116	- MAdd
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
<del> W. N</del>			□Add
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If an effective Note: If th	date, if other than the date of filing: 0 / 0 / 202 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar the date inserted in this block does not meet the applicable statutory filing requirements, this date will not it's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
Dated	01/01 2021	
Dated	2021  Gnatur of a member or authorized representative of a member	

 $(A_{ij} \otimes A_{ij} \otimes$ 

Filing Fee: \$25.00