

L20 000 385 362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

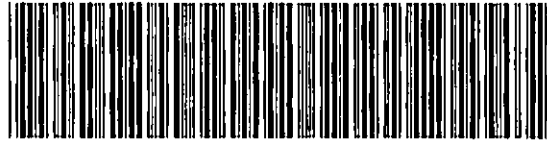
(Document Number)

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S. ALLEN
APR 01 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2021

MORIGENE ST LOUIS
1309 SE 2ND AVE
DEERFIELD BEACH, FL 33441

SUBJECT: PRESSURE APPLIED CO. LLC
Ref. Number: L20000385362

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 121A00004644

2021 MAR 11 10:19 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pressure Applied CO.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Morigene ST Louis
Name of Person

Pressure Applied CO. LLC
Firm/Company

1304 SE 2nd AVE
Address

Deerfield Beach / FL 33441
City/State and Zip Code

Gary Louis 94@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morigene ST Louis at 754 241-1658
Name of Person Area Code Daytime Telephone Number

enclosed is a check for the following amount:

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

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

Pressure Applied Co. 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 12/09/2020 and assigned Florida document number L20000385362

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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>
MGR/AMR	Morigene St. Louis	1309 SE 2nd Ave	<input checked="" type="checkbox"/> Add
		Deerfield Beach	<input type="checkbox"/> Remove
		Florida, 33441	<input type="checkbox"/> Change
MGR/AMR	Brandon St. Louis	1830 NE 53 rd St	<input type="checkbox"/> Add
		Pompano Beach	<input checked="" type="checkbox"/> Remove
		Florida, 33441	<input type="checkbox"/> Change
MGR/AMR	Eugene St. Louis	1830 NE 53 rd St	<input type="checkbox"/> Add
		Pompano Beach	<input checked="" type="checkbox"/> Remove
		Florida, 33441	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

Morigene ST Louis
Typed or printed name of signee