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COVER LETTER

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SUDJECT		'S PRESSURE WASHING &	CLEANING LLC	
SUBJECT	; <u></u>	Name of Lim	ited Liability Company	• • • • • • • • • • • • • • • • • • •
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		MICHAEL T PIERPONT		
			Name of Person	
		PIERPONTS PRESSURE	WASHING & CLEANING LLC	
			Firm/Company	
		1988 SE HIGHSPRINGS	DRIVE	
			Address	
		PORT ST LUCIE, FL 349	52	
			City/State and Zip Code	
		mikepierpont2000@gmail.c		
		E-mail address: (to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please c	all:	
MICHAEI	. T PIERPON'	ľ	772 666-0260	
	Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclos ed is	a check for th	e 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)
	ailing Address		Street Address:	
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	O. Box 632	•	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLED

PIERPONTS PRESSURE WASHING & CLEANING LLC

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(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 $\frac{12/31/2020}{12/31/2020}$ Florida document number 1.21000009858 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PIERPONT'S PRESSURE WASHING & PAINTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." MICHAEL T PIERPONT Enter new principal offices address, if applicable: 445 SÉ ABETO LANE (Principal office address MUST BE A STREET ADDRESS) PORT SAINT LUCIE, FL 34983 ROBERT S PIERPONT Enter new mailing address, if applicable: 445 SE ABETO LANE (Mailing address MAY BE A POST OFFICE BOX) PORT SAINT LUCIE, FL 34983

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:

MICHAEL T PIERPONT

Name of New Registered Agent:		
New Registered Office Address:	445 SE ABETO LANE,	ida street address
	PORT SAINT LUCIE	, Florida 34983 Zin Coxle

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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If an c Note:	ffective date is If the date	listed, the date r inserted in this	block does not	40/10/2022 ng: and cannot be prior to the applicate state's records.	o date of filing or ble statutory fil	more than 90 days	optional) after filing.) P s, this date w	tursuant to 605.02
ne reco		a delayed effec	ctive date, but no	ot an effective tin	nc, at 12:01 a.n	n, on the earlier o	of: (b) The S	90th day after th
	остовы	R 10TH.	1	2022	 /\.			
Dated			hohaif	member or author	rad rannoantat	ve of a mambar		

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