L21000082338

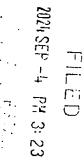
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certificates of Status_	
Special Instructions to Filing Officer. J. H	ORNE
SEP	1 0 2024

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: TKO		E WASHING, L	LC
The enclosed Articles of An Please return all corresponde			
Trease return an correspond	Kyle Reeves	Name of Person	
	TKO Pressur	e Washing Firm/Company	
	920 Wekiva	Springs Rd. #915	835
- -	Longwood, F Tkopressurew E-mail address: (t	L 32791 City/State and Zip Code /ashinglic@gmail to be used for future annual report notifi	.com
For further information cond	cerning this matter, please ca	all:	
Kyle Reeves Name of Po	erson	at (<u>321</u>) 313-99	923 Telephone Number
Enclosed is a check for the t	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 Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED 2024 SEP -4 PM 3: 24

TKO PRESSURE WASHING, 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 Li	iability Company were filed on <u>FE</u>	<u> </u>	121 and assigned
Florida document number <u>L2100008</u> 2	<u> 2338 </u>		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company here	:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company." the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
Name of New Registered Agent: New Registered Office Address:	Kyle Reeves 920 Wekiva Sprin	nas Rd #9	15835
new registered Office rigidless.	Enter Florida	street address	
	Longwood	, Florida	32791
No. Decision and Assessed Street Street Street			Zip Code
New Registered Agent's Signature, if changing I			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of m stered agent as provided for in Cha registered office address, I hereby	y duties, and I am apter 605, F.S. Or confirm that the li	familiar with and , if this document is mited liability

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
Registered Agent/ Title Owner	Tyler Madewell	920 Wekiva Springs Rd. #915835 Longwood, FL 3	2791 □Add
			Remove
Registered			□Change
Agent/ Title Owner	Kyle Reeves	920 Wekiva Springs Rd. #915835 Longwood, FL 3	12791 X Add
			□Remove
		···	□Change
			□Add
			□Remove
			□Change
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: I	ve date, if other than the date of filing:
e record rd is file	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 d.
Dated _	$\mathcal{N}(\mathcal{N})$
	I'm had & Span Malel
	Signature of a member or authorized representative of a member

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TKO PRESSURE WASHING, LLC
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:
Kyle Reeves
Name of Person
TKO Pressure Washing
Firm/Company
920 Wekiva Springs Rd. #915835
Address
Longwood, FL 32791 City/State and Zip Code
Tkopressurewashinglic@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kyle Reeves at (321) 313-9923 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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**

TKO PRESSURE WASHING, LLC (Name of the Limited Liability Company as it now appears on our records:) (A Florida Limited Liability Company)

Florida document number <u>L21000082</u>		<u>uuiy 10, 60</u>	21 and assigned
	2338		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designa	tion "LLC" or the at	breviation "L.IC."
Enter new principal offices address, if applica	able:	~ <u></u>	
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
			
B. If amending the registered agent and/or re	egistered office address on our record	s, enter the nam	ie of the new registered
agent and/or the new registered office address		,	
N. CN. D. C. N.	Kyla Baayaa		
Name of New Registered Agent:	Kyle Reeves	5 1 110	
			. = 0 0 =
New Registered Office Address:	920 Wekiva Spring	s Hd. #9	15835
New Registered Office Address:	920 Wekiva Spring Enter Florida str		
New Registered Office Address:	920 Wekiva Spring Enter Florida str Longwood City		
New Registered Office Address: New Registered Agent's Signature, if changing R	Longwood		

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> Registered	Name	Address	Type of Action
Agent/ Title Owner	Tyler Madewell	920 Wekiva Springs Rd. #915835 Longwood, FL 3	<u>2791</u> □ Add
			XRemove
Registered			□Change
Agent/ Title Owner	Kyle Reeves	920 Wekiva Springs Rd. #915835 Longwood, FL 32	2791 (XAdd
			□Remove
			Change
			□Add
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		 	□Change
			□Remove
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f an efi Note:	ive date, if other than the date of filing:
recor d is fi	d 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 led.
Dated	August 27 , 2024
	Signature of a member or authorized representative of a member
	Kyle Reeves & Tyler Madewell Typed or printed name of signee