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A. BUTLER FEB - 2 2022

### **COVER LETTER**

## Registration Section Division of Corporations

SUBJECT:	CREATIVE	PRESSURE WASHER CLE.	ANING, LLC		
Sobstic 1.		Name of Lim	ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		EDIN MORENO MARTI	NEZ		
			Name of Person		<del></del>
		CREATIVE PRESSURE V	WASHER CLEANING, LL	.C	
			Firm/Company		
		152 FLEMING AVE			
		<del></del>	Address		
		GREENACRES, FL 33463	3		
			City/State and Zip Code		
		E-mail address: (	to be used for future annual re	port notification)	
For further in	nformation ec	oncerning this matter, please ca	all:		
EDIN MOR	ENO MART	INEZ	561 5744	1374	
	Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a	a check for th	e following amount:			
<b>■</b> \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 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

CREATIVE PRESSURE WASHER C	LEANING LLC		10 1 11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	,
(Name of the Limited )	Liability Company as Florida Limited Liabil	it now appears on our ity Company)	records.)	Fi.
The Articles of Organization for this Limited Liabi		e filed on 02/24/2021		
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability	company here:		
E & S CREATIVE SERVICES. LLC				
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicabl	le:			
Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>		<u> </u>	
	·			
Enter new mailing address, if applicable:	_			
Mailing address MAY BE A POST OFFICE BO	<u></u>			
		<u></u> .		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ess on our records,	enter the name o	f the <u>new regist</u>
agent and/or the new registered office address in	<u>iere</u> .			
Name of New Registered Agent:				
New Registered Office Address:				
rea registered office radices.		Enter Florida stree	t address	<u>.                                    </u>
			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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
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	listed, the date must be	specific and cannot be	e prior to date of filing o	or more than 90 days aft Tiling requirements, th	tional) er filing.) Pursuant to 605.020 nis date will not be listed a
an effective date is ote: If the date i	nserted in this block ve date on the Depar		cords.		
an effective date is ote: If the date i ocument's effecti	ve date on the Depar	rtment of State's rec		m. on the earlier of: (	(b) The 90th day after the
an effective date is ote: If the date i ocument's effecti record specifies a is filed.	ve date on the Depar	rtment of State's rec		m. on the earlier of: (	
an effective date is ote: If the date is ocument's effective record specifies a is filed.	ve date on the Depar	ettment of State's rec	tive time, at 12:01 a.	m. on the earlier of: (	
an effective date is ote: If the date i ocument's effecti record specifies a is filed.	delayed effective da	ate, but not an effect	tive time, at 12:01 a.		

Filing Fee: \$25.00