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SECRETARY OF STATE OF

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Velocity Pa	ainting & Pressure Washing LI	,C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacqueline		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	<del></del>
	Tallahassee, Fl. 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om	
	E-mail address: (	to be used for future annual report no	diffication)
For further information c	oncerning this matter, please c	all:	
Jacqueline c/o ZenBusiness INC		844 493-6249	
Name c	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Velocity Painting & 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 Liability Company were filed on  $\frac{0.3/01/2021}{1.000}$ and assigned Florida document number \_L21000098950 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 "Litated Liability Company," the designation "Lita" or the abbreviation "LLC." 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

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

\_\_\_\_, Florida \_\_\_\_

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Riverview, FL 33578	■Remove
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Effective date, if other than the d	late of filing:	to date of filing or more tha	(optional) n 90 days after filing.) Pursu	ant to 605.0207
Note: If the date inserted in this bloc document's effective date on the Dep			irements, this date will b	ot be listed as
		me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
	date, but not an effective ti			
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