## h21000101374

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## **COVER LETTER**

TO:	Registration Se Division of Cor		
er:B1E4		O Pressure Washing, LLC.	
SUBJEC	-I: <u></u>	Name of Lim	ited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please re	eturn all correspo	ndence concerning this matter	to the following:
		Don McAfee	
			Name of Person
			Firm/Company
		7354 Bowden Road	
			Address
		Jacksonville, Fl 32216	
			City/State and Zip Code
		jaxproh2o@gmail.com	to be used for future annual report notification)
For furth	ner information e	oncerning this matter, please co	·
Don Mc	Afee		904 487-0006 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	d is a check for th	ne following amount:	$\sim$
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee: Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
*	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	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

Jax Pro H2O Pressure Washing, LLC.			_
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L21000101374	y Company were filed on March 02, 2021	and	assigned
This amendment is submitted to amend the following	<i>y</i> :		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe	arad affice address on our records, enter the na	me of the	new register
agent and/or the new registered office address her		ine or the	new register
Name of New Registered Agent:			
New Registered Office Address:		20	<b>(9</b> )
	Enter Florida street address	<u>~~~</u>	:7
	, Florida	APR	
	City	Zip C	ode
New Registered Agent's Signature, if changing Regist	tered Agent:	$\triangleright$	, 11
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	ed complete performance of my duties, and I am d agent as provided for in Chapter 605, F.S. Of tered office address, I hereby confirm that the l	า fa <mark>m</mark> iliar r, if this c	with and locument is

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
MGR	Don McAfee	7354 Bowden Road Jacksonville, Fl 32216	<b>=</b> Add
			□Remove
			□ Change
···			🖸 Add
			□Remove
			□Change
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Tective date, if other than an effective date is listed, the date ote: If the date inserted in thi	must be specific and canno	t be prior to date of filin	g or more than 90 days af	ter filing.) Purs	uant to 6 <b>05</b> ,020
ocument's effective date on the	e Department of State's	records.	ming requirements, t		
				APR	18.004
record specifies a delayed effe	ctive date, but not an eff	fective time, at 12:01	a.m. on the earlier of:		h day after the
is filed.				D	. 11
					J
April 06	202	Annaly		9. 03	
	Signature of a member	er of authorized represen	ntative of a member		<del></del>
	<b>V</b>				

Filing Fee: \$25.00