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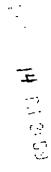
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates of	Status				
						
Special Instructions to	Filing Officer:					

Office Use Only



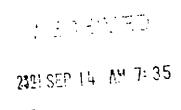
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August 30, 2021

SHERLYN GONZALEZ 4363 SUN CENTER RD. MULBERRY, FL 33860

SUBJECT: MASTER CLEAN PRESSURE WASH LLC

Ref. Number: L21000102522

We have received your document for MASTER CLEAN PRESSURE WASH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 621A00020823

COVER LETTER

Division of Corporations				
SUBJECT: Master		Pressure U	vash	LLC
	Name of Emmed	Claumity Company		
The enclosed Articles of Amendment	and fee(s) are submitt	ed for filing.		
Please return all correspondence conce	erning this matter to tl	ne following:		
<u>C</u>	herlyn	Gonzall Name of Person	12	
Ma	ster Clea	r Pressure	wa	Sh UC
43	63 Sur	Center Address	Rd.	
HU	uberry	FL 338	60	
She	rlynsj@ E-mail address: (10 bo	ity/State and Zip Code holmal.	notification)	
For further information concerning thi	s matter, please call:			
Sherlyn Gonza	alez	at 787, 979	5-961	4
Name of Person		Area Code Day	vtime Telephor	ne Number
Enclosed is a check for the following	amount:			
	Filing Fee & [incate 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)

17.

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company were filed on 1 Florida document number 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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:

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

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
16R	David A.	Consales Vodinaves	4363 Sun Conter Rd.	XAdd
				□Remove
		,		□Add
				□Remove
				□Change
				□Add
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		· · · · · · · · · · · · · · · · · · ·		□Add
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