Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

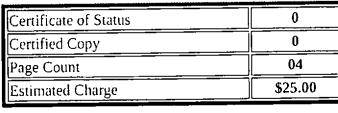
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAISTRICKS HANDY SERVICES LLC



JUL 13 AMIL: 27

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RAISTRICKS HANDY SERVICES 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 03/11/2021 and assigned
Florida document number L21000116922
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Raistricks American Pressure Washing LLC
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)
re to the first the number of the new terms of terms of the new terms of terms of the new terms of
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
2021 Annual Property of the Pr
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Enter Florida street address
. Florida
Cuy Zip Code —
New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

New Registered Agent's Signature, if changing Registered Agent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
			Change
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			Change
			
			□ Remove
		1 - , ,	Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

		<u> </u>	
			
Effective date, if other than the date of an effective date is listed, the date must be specifies. If the date inserted in this block document's effective date on the Department of the properties and elayed effective date of the poth day after the record is	ecific and cannot be prior to date of filing o es not meet the applicable statutory fi ent of State's records. ctive date, but not an effective	ing requirements, this date win	not be used a
Dated 07/13	2021	يش	
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Filing Fee: \$25.00