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(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies		
Special Instructions to Q.	Filing Officer:	
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Office Use Only

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
	sure Washind and Painting LLG		
SUBJECT:	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:	
	Angel Medina		
	 	Name of Person	
	5 Star Pressure Washind a	nd Painting LLC	
		Firm/Company	
	9305 N 18th St		
		Address	<u> </u>
	Tpampa, Fl 33612		
		City/State and Zip Code	
	5starpwp007@gmail.com	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	·	·
Angel Medina		706 288-8773	
Name (of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	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 Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [] [] []

7777 APR 18 PM 9:35

5 Star Pressure Washind and Painting LLC

(Name of the Limited Liability Company as it now appear of the Limited Liability Company) TALLAHASSE, FL

The Articles of Organization for this Limited Li	ability Company	were filed on March 17,2021	and assigned
Florida document number L21000125694			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
5 Star pressure Washing and Softwash, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	9305 N 18th St	
(Principal office address MUST BE A STREE		Tampa, Fl 33612	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office	9305 N 18th St Tampa, Fl 33612 address on our records, enter	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	9305 N 18th Sc	Enter Florida street addres	s
	Tampa		orida ³³⁶¹²
	~	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 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
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		□ Remove	
		-	□Change
		🖸 Add	
			□Remove
			∏ Change

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	April 1, 2022 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
rd is fil	
Dated	April 1, 2022.
	Signature of a member or authorized representative of a member
	Angel Medina Typed or printed name of signee

Filing Fee: \$25.00