L21000137978

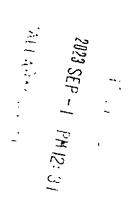
(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations					
	Illuminating	g Pressure Cleaning Services L	LC				
SUBJECT:		Name of Lim	ted Liability Company	 			
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Larscott Daniels					
			Name of Person				
		Illuminating Pressure Clea	ning Services LLC				
			Firm/Company				
7704 NW 20th Way							
Address							
	Gainesville, FL 32609						
			City/State and Zip Code				
		Antrell.Daniels@gmail.com					
		E-mail address: (to be used for future annual rep	ort notification)			
For further in	nformation c	oncerning this matter, please c	all:				
Cynthia Lon	ığ		352 379-7 at ()				
	Name o	f Person	Area Code	Daytime Telephone Number			
Enclosed is a	a check for t	he following amount:					
□ \$25.00 I		■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Re	oling Addression	Section	_	on Section			
	vision of C D. Box 632	Corporations		of Corporations re of Tallahassee			
	J. Box 032 Hahassee,			Aonroe Street, Suite 810			

Tallahassee, FL 32303

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

2023 SEP - 1 PM 12: 31

Illuminating Pressure Cleaning Services LLC	1717	!
Illuminating Pressure Cleaning Services LLC (Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our recoi Liability Company)	<u>'ds.</u>)
ne Articles of Organization for this Limited Liability Compan prida document number L21000137978		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
e new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addr	ess
	City , I	Florida Zip Code

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

If amending Authorized Person(s) authorized to manage, <u>enter 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
MGR	Antrell Larscott Daniels	7704 NW 20th Way	= Add
		Gainesville, FL 32609	_
			□ Change
MGR	Wilbur Alfred Jackson Jr.	7704 NW 20th Way	□Add
		Gainesville, FL 32609	■Remove
			□Change
			□Add
			□Remove
			Change
		 	□ Add
			□Remove
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			_Add
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document's eff	ective date on t	he Departmer	it of State's r	ecords.					
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e record specifi rd is filed.	es a delayed eff	ective date, b	ut not an erre	ctive time	, at 12:01 a	i.m. on the e	arner oi: (o) The 90th	day after the
	25		2023	;					
August :			·		•				
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Dated August	ist		e of a member	or authoriz	ed repres e ni	ative of a me	.D_		

Filing Fee: \$25.00