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COVER LETTER

TO:

Registration Section
Division of Corporations

CUBIECT.	HURRICA	NE PRESSURE WASHING L	TC .	
SUBJECT:		Name of Lim	uited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		KYLE WILLIAM WELP		
			Name of Person	
		HURRICANE PRESSUR	E WASHING LLC	
			Firm/Company	
		11861 NW 33RD ST		
			Address	
		SUNRISE, FL 33323		
		kw1219@mynsu.nova.edu		
		E-mail address: (to be used for future annual report notification)	
For further in	nformation o	oncerning this matter, please c	all:	2021 S.E.C.
KYLE WIL	LIAM WEL	P	954 701-9207	2021 APR 19
	Name o	f Person	Area Code Daytime Telephone N	J. J
Enclosed is a	check for th	ne following amount:		
≘ \$25,00 F		☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy litional copy is enclosed)
Rep Div P.C	iling Address gistration S vision of C). Box 632 llahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su	iite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HURRICANE PRESSURE WASHING LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000143705</u>	ny were filed on 03/29/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r 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 offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Finter Florida struet address	AR THE
	, Florio	da
New Registered Agent's Signature, if changing Registered Ager	City nt:	Zip Gode

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>	Name	Address	Type of Action
MGR	KYLE WILLIAM WELP	11861 NW 33RD ST	= Add
		SUNRISE, FL 33323	□Rетюче
			Change
AMBR	KYLE WILIJAM WELP	11861 NW 33RD ST	Add
		SUNRISE, FL 33323	□Remove
		.	□Change
			□Add
			□Remove
			□Change CZ021 □Add □R 19
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the appli	cable statutory filin	(option fore than 90 days after fi g requirements, this	i al) ling.) Pursi late will r	unt to 605 tot be liste	.020° ed as
record specifies a delayed effective da is filed.	ite, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th	nday afte	r the
April 13th	2021	·				
	12	norized representative				