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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

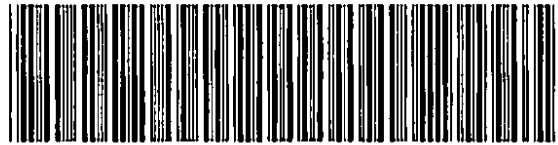
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Division of Document Services

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Manjara Pressure Washing and Pop a Lock, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyrone Walker  
Name of Person

Manjara Pressure Washing and Pop a Lock, LLC  
Firm/Company

5100 26<sup>TH</sup> STREET CT. N.  
Address

St. Petersburg, FL 33714  
City/State and Zip Code

Tyronewalker1231@gmail.com  
E-mail address: (to be used for future annual report notification)

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Division of Corporations

For further information concerning this matter, please call:

Tyrone Walker at ( 727 ) 589-7521  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Manjara Pressure Washing and Pop a lock, 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 3/30/2021 and assigned Florida document number L21000146781.

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:

Tyrone Walker

New Registered Office Address:

5100 26TH STREET CT. N.

Enter Florida street address

St. Petersburg

City

Florida

33714

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.

Tyrone Walker

If Changing Registered Agent, Signature of New Registered Agent

**MGR =** Manager  
**AMBR =** Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
AR	Jessica Hansen	5105 26 <sup>TH</sup> ST. CTN.	<input type="checkbox"/> Add
		St. Petersburg, Fl. 33714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Tyrone Walker	5100 26 <sup>TH</sup> ST CT. N	<input checked="" type="checkbox"/> Add
		St. Petersburg, Fl. 33714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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### RESEARCH ON CONSUMPTION

9-7-2022

**(optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 7, 2022

Signature of a member of authorizing official

Signature of a member or authorized representative of a member

Jessica Hansen

Typed or printed name of signee

**Filing Fee: \$25.00**