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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wah Wah Die Stire Washing ILC 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:
Educardo Reynolds Name of Person
Wah wah pressure washing LLC Firm/Company
60617 th AVE South +B
St. Petersburg Sla. 33701 City State and Zip Code
E-mail address: (to be lised for inture annual report notification)
For further information concerning this matter, please call:
Abbit Jenking at (727) 465-4786 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

Wah wah Dressur (Name of the Limited Lin (A Fic	re Was bility Company : brida Limited Liab	is it now appears on earlity Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number 1200158 This amendment is submitted to amend the following A. If amending name, enter the new name of the	761 s:		6/2021	and assig	ned
The new name must be distinguishable and contain the words." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	_		AVE S	outh #	13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	-	0210 17 # St. pete	AVE SI ersburg 33701	519.	>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		dress on our recor	ds, <u>enter the na</u>	me of the new	registérec
Name of New Registered Agent: New Registered Office Address:	02617 St. Petr	th AVE & Enter Floridas	reel address Florida	33754	1.
		Спу		гір Сонв	

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
MGR	Eduardo Reynola	15 626 17th AVE SOUTH	Doxad
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			□ Change
·			□Add
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ective date.	if other than t	he date of filin	e:			. (optional)	
effective date e: If the dat	is listed, the date re e inserted in this	nust be specific and block does not r	I cannot be price the application in the care of the capplication in the capplication	cable statutory	g or more that filing requ	n 90 day: iirement	safter filing.) Pur s, this date will	suant to 605.0 not be listed
ument's effe	ctive date on the	Department of S	State's record	s.				
cord specifie i filed.	s a delayed effec	tive date, but not	an effective	time, at 12:01	a.m. on the	earlier (of: (b) The 90	th day after t
:14ug	9.		2021					
		Signature of a	member or aut	horized represen	tative of a n	iember		
			REGIO					

Filing Fee: \$25.00