## 121000189374

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Codification of Change                  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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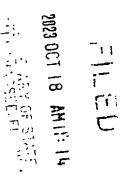
Office Use Only



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LL C Amend

10/18/23--01014--012 \*\*30.00



A. RAMSEY 0CT 26 2023

## COVER LETTER

| Division o                    | on Section<br>of Corporations                  |   | •   |  |
|-------------------------------|--|---|---|--|
| Diese                         | l Power Pressure Washing                       |   |   |  |
| SUBJECT:                      | Name of Lim                                    | ited Liability Company  |   |  |
| The enclosed Articl           | les of Amendment and fee(s) are sub-           | mitted for filing.  |   |  |
| Please return all con         | rrespondence concerning this matter            | to the following:   |   |  |
|                               | Keith Alfonso                                  |   |   |  |
|                               |  | Name of Person  |   |  |
|                               | Diesel Power Pressure Was                      | shing   |   |  |
| Firm/Company                  |  |   |   |  |
|                               | 12419 Jovana Rd                                |   |   |  |
|                               |  | Address   | · · · · · · · · · · · · · · · · · · ·   |  |
|                               | Jacksonville, Florida 32226                    | 5   |   |  |
|                               | keithalfonso@gmail.com                         | City/State and Zip Code o be used for future annual report noti     | Ecotion   |  |
| For further informa           | tion concerning this matter, please ea         |   | neadon)   |  |
| Keith Alfonso                 |  | 603 591-2331  |   |  |
| N'                            | ame of Person                                  | Area Code Daytim  | e Telephone Number  |  |
| Enclosed is a check           | for the following amount:                      |   |   |  |
| \$25.00 Filing F              | Sec \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing A</u><br>Registrat | ddress:<br>ion Section                         | Street Address:<br>Registration Sec                                 | ction   |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 OCT 18 AM 11: 14

Diesel Power Pressure Washing LLG

(Name of the Limited Liability Company as it now appears on our records;)

|  | (A Florida Limited Liability Compar  | iy) The SFE, pi 福祉                                |
|--|--------------------------------------|---|
| The Articles of Organization for this Limited I      |                                      | 01/27/2022 and assigned                           |
| Florida document number 87-4670204 L210              |                                      |   |
| This amendment is submitted to amend the fol         | lowing:                              |   |
| A. If amending name, enter the new name              | of the limited liability company     | <u>, here</u> :                                   |
| The new name must be distinguishable and contain the | words "Limited Liability Company," t | he designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli        | cable:                               |   |
| Principal office address MUST BE A STRE              | ET ADDRESS)                          |   |
| B  |                                      |   |
| Enter new mailing address, if applicable:            |                                      | <del> </del>                                      |
| Mailing address MAY BE A POST OFFICE                 | <u></u>                              |   |
|  |                                      |   |
| B. If amending the registered agent and/or           | ragistared office address on ou      | r records unter the name of the new region        |
| agent and/or the new registered office address       | ~                                    | records, enter the name of the new regis          |
|  |                                      |   |
| Name of New Registered Agent:                        | Shakira Santana                      |   |
| New Registered Office Address:                       | 12419 Jovana Rd                      |   |
|  | Enter                                | Florida street address                            |
|  | Jacksonville                         | , Florida <u>32226</u>                            |
|  | 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 Changing Registered Agent, Signature of New Registered Agent

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          | Shakira Santana | 12419 Jovana Rd. Jacksonville, Florida 32226 | <b>=</b> Add    |
|              |                 |  | □ Remove        |
|              |                 |  | □Change         |
| AMBR         | Keith Alfonso   |  | 🗆 Add           |
|              |                 |  | □Remove         |
|              |                 | 12419 Jovana Rd. Jacksonville, Florida 32226 | <b>≣</b> Change |
|              |                 |  | □ Add           |
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|              |                 |  | □Remove         |
|              |                 |  | □ Change        |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) We will be adding Shakira as the MGR and changing Keith Alfonso from MGR to AMBR. All coorespondences will continue to go to Keith Alfonso at all previously provided contact information. 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_\_ Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Shakira Santana