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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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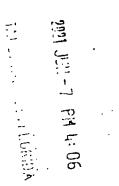
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: PRI/	MAL PRESSUF Name of Lim	RE LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Shelby</u>	Adubato Name of Person	
	Primal	Pressure Washing	ng
	8614 W	OUCONDA Lane	
	Or land Or land E-mail address: (City/State and Zip Code 1 Pressure wash to be used for future annual report noti	ng @ cmail. com
For further information co	ncerning this matter, please c	all:	J
Shelty P Name of	Tdubato Person	at (321) CIC Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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		Street Address:	

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

Primal Pres (Name of the Limited Liability	SUPELLIC y Company as it now appears on Limited Liability Company)	our records.)
(A Florida The Articles of Organization for this Limited Liability C Florida document number <u>L2100215596</u>	ompany were filed on MO	- ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)	1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
·		, Florida
	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 Type of Action **Address** Title Name Robert Kyle monroe 2909 E. Michigan Street RANDO Orlando, FL 32806 MER ☐Remove ☐ ☐Add ¬⊃ ⊟Remove~ Change Remove _____ □Remove _____ CRemove

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to do to the date inserted in this block does not meet the applicable beament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after
sted May 26 . 2021 . Signature of a member or authorize	
AN CUO	
Circumstan of a mambar or authorize	ed representative of a member

THE MARKET