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JAN 2 4 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
01'11 1E/Y	Castro Web Enterprise, LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing		
			_		
Please return	all correspo	ndence concerning this matter	to the following:		
		David Castro			
			Name of Person		
			Firm/Company		
		7310 Cleveland Street			
			Address		
		Hollywood, FL 33024			
			City/State and Zip Code		
		davidc2200@gmail.com			
		E-mail address: (to be used for future annual report no	trheation)	
For further in	nformation c	oncerning this matter, please c	all:		
David Castro	D		954 662-3452 at ()		
	Name o	f Person	Area Code Daytii	me Tetephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 f	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)	
	iling Addres		Street Address:	tion	
	gistration S vision of C	section orporations	Registration Se Division of Co		
). Box 632	•	The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) inpany)	
he Articles of Organization for this Limited Liability Company were file	d on <u>05/20/2021</u>	and assigned
lorida document number L21000236685		
forida document numoer		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability com	pany here:	
outh Florida Residential Pressure Cleaning LLC		
he new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or t	he abbreviation "L.L.C."
Inter 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)		2522
Mailing address MAY BE A POST OFFICE BOX)	on our records, enter the	name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address of the second se	on our records, <u>enter the</u>	name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address of the second se	on our records, enter the	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address of the second se	on our records, <u>enter the</u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address of the second se	on our records, <u>enter the</u>	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter the</u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: Name of New Registered Agent:	on our records, enter the Enter Florida street address	
N Panistared Office Address		AM 9: 27

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
			∐Add
			□Change
			□Add
			∐Remove
			UChange
			∐Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			∐Change ☐
			□Remove
			□Change

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Tectiv	re date, if other than the date of filing: 01/01/2022 (optional)
an effec	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
vic. i	nt's effective date on the Department of State's records.
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
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record is file	d.
record is file	d.
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record is file	