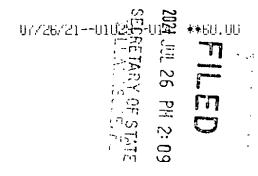


(Re	questor's Name)	
(Ad	ldress)	
(Åd	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		-









COVER LETTER

TO: Registration Sect. Division of Corpo		
SUBJECT:	mmy's Pressure Washing L Name of Limited Liability Company	LC.
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	JiMMY FOWLER Name of Person	
	Press-Shore Washing Firm/Company	CSF CARE
	8309 Steward Ct.	TARY C
	Spring hill FL 34608 City/State and Zip Code	2021 JUL 26 PM 2: 09 SERRETARY OF STATE SERRETARY OF STATE
	Dress Shore Washing 1/c@gma E-mail address: (to be used for future annual report notification)	
For further information con-	cerning this matter, please call:	
Name of Po	erson at (352) 697 - 32. Area Code Daytime Telepho	65 one Number
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status	\$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

re Washing LL
y as it now appears on our records.) ability Company)
were filed on $6/14/2025$ and assigned
y Company," the designation "LLC" or the abbreviation "LEQ"
y Company," the designation "LLC" or the abbreviation "LTGO"
N/A PAR 99
dress on our records, enter the name of the new registere
}
Enter Florida street address
, Florida _
City Zip Code
i

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>	<u>Name</u>	<u>Address</u>	Type of Action
		N/A	□Add
			□Remove
			□Change
			□Add
			Remove SECRE ARY OF STATE Remove
			PAdd 22
			☐ Change
			□Add
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		-	□Change
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in effective date is li	other than the date of filin isted, the date must be specific and	d cannot be prior to date of filin	ng or more than 90 days afte	r filing.) Pursuant to 605.020
ote: If the date in	iserted in this block does not r	meet the applicable statutor	y filing requirements, th	is date will not be listed a
cument s enectiv	ve date on the Department of S	State's records.		
d E	d.1 1 . 60	00		
is filed.	delayed effective date, but not	t an effective time, at 12:01	a.m. on the earlier of: (o) The 90th day after the
ted	~)w/w 27	2021		
		'		
	Dem	member or authorized represe	7	
	Signature of a	member or authorized represe	ntative of a member	