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SECRETARY OF STATE DIVISION OF CORPORATION

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Y. SCOTT OCT - 7 2023

COVER LETTER

Division of Cor		•	,	•
* SHE INCT.	СНАМРА ВАУ	PRESSURE WASH LLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James Hildmann			
		Name of Person		
	Champa Bay Pressure Was	shing LLC		
		Firm/Company		
	1709 W. North B Street			SECRET DIVISION O 2023 SEP
	<u>-</u>	Address		
	Tampa, FL 33606			25 _
	jhildmann360@gmail.com	City/State and Zip Code		SECRETARY OF STATE OF CORPORATIONS 2023 SEP 25 PM 3: 01
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	tification)	10
James Hildmann		315 439-9298		
Name o	f Person	Area Code Dayui	me Telephone Number	
Enclosed is a check for the	ne 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 Certificate C Certified Co tadditional cop	of Status & Opy
Mailing Address Registration S		Street Address: Registration S	ection	
Division of C		Registration Solution of Co		
P.O. Box 632		The Centre of	•	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMPA BAY PRESSURE WAS	SH LLC		
(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited L	iability Company	y were filed on	and assigned
lorida document number 1.21000354528	·		
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited lial	oility company here:	
HAMPA BAY PRESSURE WASHING LLC			
ne new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC	"or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	202
Principal office address MUST BE A STREE	T ADDRESS)		3 666 8 607 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			P 2
nter new mailing address, if applicable:		N/A	RY OF SI CORPOR
Mailing address MAY BE A POST OFFICE BOX)			ATE ATIO
			- **
. If amending the registered agent and/or r gent and/or the new registered office addres	egistered office ss here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	N/A	-	
New Registered Office Address:	N/A		
-	· —	Enter Florida street addres	1,1

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.

City

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
			
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an effective da	ite is listed, the date must be speci ate inserted in this block does	fic and cannot be prior	r to date of filing or	more than 90 days af	ter filing.) Pursua	nt to 605.0;
ocument's ef	fective date on the Departmen	not meet me appro n of State's records	aore statutory iii	ng requirements, t	ms date will no	t be listed
record specif	ies a delayed effective date, b	ut not an effective t	ime, at 12:01 a.m	on the earlier of:	(b) The 90th	day after t
is filed.						
	September 24	2023				
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