121000354882

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Normal)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

<u> </u>

Office Use Only



700380074837

01/24/22--01017--011 **25.00

22 Jan 24 PH 3: 11

T. MATTHEWS

JAN 28 2022

COVER LETTER

SHRIGGT	Highline Pr	essure Washing LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Filing Yolanda				
			Name of Person			
		ZenBusiness Inc				
			Firm/Company			
		5511 Parkcrest Dr., Suite 1	03			
		- 1	Address	/// ***		
		Austin, TX 78731				
		fulfillment@zenbusiness.co				
		E-mail address: (t	o be used for future annual report notifi	cation)		
For further in	nformation co	oncerning this matter, please ca	dE			
Filing Yolan	nda		844 493-6249 at ()			
	Name of	l'Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Highline Pressure Washing LLC

22 Jan 24 FN 3: 11

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co Florida document number <u>L21000354882</u>	ompany were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
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	ered office address on our record	s, enter the name of the new		
Name of New Registered Agent:	· -	745		
New Registered Office Address:				
	Enter Florida street address			
	FI	orida Zip Code		
	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>	<u>Name</u>	Address	Type of Action
AMBR	Calvin S Ransom		
		1392 Lake Baldwin Lane Unit B Orlando, FL 32814-6668	■ Remove
			Change
	<u> </u>		
			Remove
			Change
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
		<u>. </u>	Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change

				· · · ·			_
							_
							_
			·				
	···						
							_
_							
		<u>.</u>					
	·· <u>-</u> ··		,				_
_							<u>.</u>
							_
_						-	_
							_
_					·		_
							_
5 E300 .*	1						
Lifectiv. (If an effec	e date, it other th : tive date is listed, the c	an the date of f date must be specifi	filing: ic and cannot be pric	r to date of filing or	(0] r more than 90 days at	(tional) ler filing.) Pursuant to (505.0207 (3)(E
<u>Note:</u> II	the date inserted in	this block does i	not meet the appli	cable statutory fil	ling requirements, (his date will not be l	isted as the
documer	nt's effective date or	a the Department	of State's record:	S.			
.							
	rd specifies a de Oth day after th			ot an effective	e time, at 12:01	a.m. on the ear	flier of:
0	1/11		2022				
Dated _	1/1 1		•	·			
	/s/ Sean Prestor	n Killingsworth	ı				
				norized representati			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00