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2022 APR -6 AM 7: 23

of 4/23/2072

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT. FAS	Pressure Washing	Services	<i>§</i>
SUBJECT:	Name of Lon	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Edwin Bogdanets.	
	Eds	Plessure Washing Serv Firm/Company	ices LLC
		130 Granada Blvd Address	
	North Por-	FL 342-87 City/State and Zip Code	
	E-mail address (danets Pamail. com	fication)
For further information co	oncerning this matter, please co	all:	
Edwin Name of	Bogdanets	at (<u>941</u>) 376-88 Area Code Davtim	718 e Telephone Number
		•	·
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	S\$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 S		<u>Street Address:</u> Registration Se	
Division of C	orporations	Division of Cor	•
P.O. Box 632 Tallahassee, F		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Edi Pressure Washi	ng Services LLC	2022 APR - 6 AM 7: 23
(Name of the Limited Liability Company (A Florida Limited Lia	is it now appears on our records.) ibility Company)	SEU. TALE LASSEE, FL
The Articles of Organization for this Limited Liability Company w	vere filed on 8-12-20	and assigned
Florida document number <u>L21000361988</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili		
Eds Pressure Washing and Lawn C. The new name must be distinguishable and contain he words "Limited Liability	are"LLC."	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter 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)		
B. If amending the registered agent and/or registered office ac	idress on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u></u> -	
New Registered Office Address:	Enter Florida street address	<u></u>
	r,mer Piorida sirvei address	
	City Florie	da Zıp Code
N. D. January Change of Change Designation of America	Cay	Liefe Corpbell
New Registered Agent's Signature, if changing Registered Agent:		, , , ,
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I furth	er 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
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
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			Remove
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			□Remove
			□Change

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