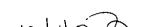


(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:





09/27/21-+01013-+006 **25.00



COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Diranha Powy Name of Limi	er Washing LLC ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Christop	ner Flicker Name of Person	
	Piranha Po	ower Washing LLC Firm/Company	
	409 5	: Crystal Lake Drive	
	Orlando	FL 32 803 City/State and Zip Code	
-	Chris flic 13-mail address: (1	Ker 84 a gmail com o be used for future annual report notificat	ion)
For further information conc	cerning this matter, please ca	all:	
Christopher Name of Pe	Flicker	at (<u>574</u>) <u>215 ~944</u> Area Code Daytime Te	lephone Number
Enclosed is a check for the f	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	vion	Street Address: Registration Section	an an
Division of Con		Division of Corpor	
P.O. Box 6327	p 0 - 241 0 1 1 0	The Centre of Talls	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Piranha Power Washing LLC
(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 Company were filed on September 09, 2021 and assigned
Florida document number <u>L210004cc180</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida 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
MGR Christopher Flicker	Christopher Flicker	409 S. Crystal Lake Drive	□Add —— ☑ Messed up on Title. □ □ Remove I put Mr.
			□Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□ Change	
		🗆 Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
		□Change	
	· · · · · · · · · · · · · · · · · · ·	□Add	
			□Remove
			□Change

amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-,	
,	
an effecti ote: If t	date, if other than the date of filing:
ocument	's effective date on the Department of State's records.
record spliced.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	September 21. 2021.
	N_{l} Q_{l}
	Signature of a member or authorized representative of a member Christopher Flicker Typed or printed name of signee
	Christopher Hicker