## K21000 405128

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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: OC	can side Name of Lim	Pressure Cleanited Liability Company	eaning)
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	RICHAZI	Name of Person	
		, dille of 1 of 100	LEANING "LLC"
	5690 670	KEN ISLAND	DR.
		Address	
	LAKÉ WOR	THFL 3340	WING DAOL: LOM
	misaucia.	City/State and Zip Code	and a dal dam
	E-mail address: (	to be used for future annual report notif	ication)
For further information con	ncerning this matter, please c	ali:	2021
RICHARD K	NEIZHFIS	at (561) 628	wiwh P Aol Com  ication)  102 SEP 23  Telephone Number 23  Second Filing Fee.
Name of F	Person	Area Code Daytimo	Telephone Number
Enclosed is a check for the	following amount:		
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
e Articles of Organization for this Limited Liability Company were filed on $\frac{9/3/2021}{2021}$ and assigned orida document number $\frac{221000405128}{2021}$			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
	202		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation LLC."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	ω		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
agent and/or the new registered office address here:	address on our records, enter the name of the new registered  ARD FREE HFNS  6 NEEN ISLAND DR.  Enter Florida street address  WINTH , Florida 33 463  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	RILHARD KEEHFIS	SUGO GREEN FSLAND DIZ LAKÉ WONTH FL 33463	<b>Z</b> Add
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	9/12/2	2021		
Fective date, if other than the date n effective date is listed, the date must be sp	of filing:	te of filing or more than 90 days a	otional) fler filing.) Pursuant to 605.	.020
ite: If the date inserted in this block decument's effective date on the Departn	oes not meet the applicable:	statutory filing requirements.	this date will not be liste	ed as
ecord specifies a delayed effective date	, but not an effective time, a	at 12:01 a.m. on the earlier of	: (b) The 90th day after	the
is filed.				
red 9/21	2021			
0-06	$\sim$			
	$(\mathcal{L} \cap \mathcal{L} \cap \mathcal{L})$	representative of a member		

Filing Fee: \$25.00