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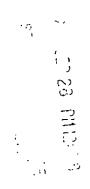
| (Rec | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|---|
| SUBJE | | wer Washing Services LLC | | |
| SOBJE | L1: | Name of Limi | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please r | eturn all correspon | ndence concerning this matter | to the following: | |
| | | Filing Department | | |
| | | | Name of Person | |
| | | BetterLegal Solutions LLC | | |
| | | | Firm/Company | |
| | | 750 North Saint Paul St Su | ite 250, PMB 35833 | |
| | | | Address | |
| | | Dallas, TX 75201 | | |
| | | | City/State and Zip Code | |
| | | pompafelix@yahoo.com | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furt | her information co | oncerning this matter, please ca | all: | |
| Filing I | Department | | 512 969-2339 at () | |
| | Name of | Person | Area Code Daytime | : Telephone Number |
| Enclose | d is a check for th | e 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:

TO:

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

27 CED 23 PHID ()

| Supreme Power Washing Services LLC | | 5- | • • • • |
|---|---|-------------------------|--------------------------|
| (Name of the Limited L (A F | iability Company as it now appear: lorida Limited Liability Company) | on our records.) | • |
| The Articles of Organization for this Limited Liabil | ity Company were filed on 09/ | 14/2021 | and assigned |
| lorida document number L21000406810 | | | |
| his amendment is submitted to amend the followir | ng: | | |
| A. If amending name, enter the new name of the | limited liability company he | <u>re</u> : | |
| he new name must be distinguishable and contain the words | "Limited Liability Company," the de- | esignation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u></u> | | |
| Principal office address MUST BE A STREET A | DDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX | <u> </u> | | |
| | | | |
| | | | |
| If amending the registered agent and/or registered agent and/or the new registered office | | our records, en | ter the name of the |
| egistered agent and/of the new registered office | audices here. | | |
| Name of New Registered Agent: | | | |
| Name Daniston of Office Address | | | |
| New Registered Office Address: | Enter Flori | ida street address | |
| | | , Florida | 1 |
| | City | , 1 10t lu ê | 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 | Felix Pompa Nunez | 517 ROYAL PALM AVE | |
| | | CLEWISTON, FL 33440 | — — — — — — — — — — |
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| fective date, if other than the n effective date is listed, the date moste: If the date inserted in this becoment's effective date on the l | ust be specific and canno block does not meet th | it be prior to date o ie applicable stat | filing or more than 9 utory filing require | (optional) 0 days after filing.) Pursu ments, this date will no | ant to 605.0207 of be listed as |
| record specifies a delaye The 90th day after the re | ed effective date, cord is filed. | but not an ef | fective time, at | 12:01 a.m. on th | e earlier of |
| September 15 | 202 | 21 | | | |
| 1 | 1:17 | | _ | | |
| 10 | 11 1/2 | 174 | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00