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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	7)
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Office Use Only



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SECRETALO OF STATE

A. BUTLER
MAR 3 - 2022

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Trippel C Pressure Washing & Junk removal 11C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlton Leath Jr Name of Person
Trippel c Pressure Washing & Junk removal 11C Firm/Company
718 SW Sth Ter Address
Gaines Ville, FL 3260/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlton Leath at (351) 126-1203 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Malling Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Trippel c pressure washing & Junk removal LADAFFB 24 PM 1: 44

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

(A Florida Limited Liability Company)

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company	were filed on $10-11-2$	and assigned
Florida document number 121000442652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Tripple c pressure washing & Junk re	moval LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	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)		
	must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) ling the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered office address here: me of New Registered Agent: w Registered Office Address:	
agent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Петоче
			Change
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Tective date, if other an effective date is listed, th	than the date of fills he date must be specific at	ng: nd cannot be prior	to date of filing or m	(opti c	onal) filing.) Pursuant to 605.020
ote: If the date inserted	in this block does not	meet the applica	able statutory filin	g requirements, this	date will not be listed a
ocument's effective date	on the Department of	State's records.			
	ad effective date, but no	ot an effective tir	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
is filed.					
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	CALITI	Leate			
	Signature of a	nember or author	rized representative	of a member	



RECEIVED

2022 FEB 24 AM 11: 21

SECRETARY OF STATE TALLAHASSEE.FL

February 9, 2022

CARLTON LEATH JR 718 SW 5TH TER GAINESVILLE, FL 32601

SUBJECT: TRIPPEL C PRESSURE WASHING & JUNK REMOVAL LLC

Ref. Number: L21000442652

We have received your document for TRIPPEL C PRESSURE WASHING & JUNK REMOVAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 022A00003156