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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

EDUARDO VIDAL, JENNI CARLSON LLC SUBJECT: 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: Brandon Maresma Name of Person Postillion Tax Consultants, LLC Firm/Company 324 6th Avenue North Address Jacksonville Beach, FL 32250 City/State and Zip Code brandon@postilliontax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 904859-1040 Brandon Maresma Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDUARDO VIDAL, JENNI CARLSON LLC

( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)	2022	
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	11/01/2021	and assegned of the Color	
This amendment is submitted to amend the following:			<b>4</b> 0:	ار د د
A. If amending name, enter the new name of the lin	nited liability company h	ere:		
JEDDIE'S PRESSURE CLEANING & PAINTING, LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ecords, <u>enter the nam</u>	e of the new register	<u>ed</u>
Name of New Registered Agent:				
New Registered Office Address:	_			
	Enter Floi	rida street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Register				_
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of igent as provided for in C ed office address. I herei	my duties, and I am fo Thapter 605, F.S. Or,	umiliar with and if this document is	10

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CARLSON, JENNI L	13808 HERONS LANDING WAY #8	
		JACKSONVILLE, FL 32224	Remove
			□Change
<del>.</del>			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
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			DAdd
			□Remove
			□ Change

. If anichding any other informa	tion, enter change(s) here: (Attach addition	as succes, if necessary.
		<del> </del>
-		
	<u> </u>	
		2022
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Effective date, if other than the (If an effective date is listed, the date mu. Note: If the date inserted in this bidocument's effective date on the D	t be specific and cannot be prior to date of filing or mor ock does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.0207 (forequirements, this date will not be listed as the
he record specifies a delayed effectivord is filed.	e date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated APRIL 26	2022	
	11.10	
_ Eduar	Milal Signature of a member or authorized representative o	f a member
	EDUARDO VIDAL  Typed or printed name of signee	

Filing Fee: \$25.00