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Office Use Only

A. RIVERS JAN 03 2022



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COVER LETTER

Division of Cor			
subject: <u>Br</u>	annon's Gulf Coo	est Pressure Washing and Linbility Company	L.L.C.
The enclosed Articles of a	Amendment and fee(s) are sub	unitted for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Travis	Brannon Name of Person	
	^ -	Perhandle Aressure Was	hing LLC : ;
, ·	1472 6	Address	· ·
		FL 32440 City/State and Zip Code	
	Washing to	the panhand leagm.	ail. <u>Com</u>
For further information ec	oncerning this matter, please or	all:	
Travis Brand	Person	at (<u>\$\$0</u>) <u>373</u> & Area Code Daytim	389 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Brannon's Gulf Coast Prossure Washing LLC.

(Name of the Limited Liability <u>Company as it now appears on our records.)</u> (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>December 2, 2021</u> and assigned
Florida document number L2:1000511 784
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Brannon's Panhandle Pressure Washing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
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
Cuy Zup Contr
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 jurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian the maje accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this discument 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			LJRemove
			∂Change
			□Remove
			□Change
			☐Add
			DRemove
			[](Thange
			UAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			JAdd
			□Remove
			TChange

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notification will be (Machine	the parhandleagmail.com).
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be partie. If the date inserted in this block does not meet the approximent's effective date on the Department of State's reco	(optional) nor to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b plicable statutory filing requirements, this date will not be listed as the rds.
record is filed.	ve time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated 12/11/2021 Tains Beare Signature of a member or a	·
Tuing Brann	
Signature of a member or a	uthorized representative of a member
Travis Roman	rinted name of signee
Typed or p	rinted name of signee

Filing Fee: \$25.00