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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: JNI (	Powerwashing l	Softwash - Chenited Liability Company	ange to - (JNT	: Servic
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.		
Please return all correspo	indence concerning this matter	r to the following:		
	Luis	Color Name of Person		
	JNI Power	woshing 1 Soft	wastl	2022 SEP -6
	12108 tox	Quarry lane	<u> </u>	9-6-
	_	L 3272 3 City/State and Zip Code		PM 12: 07
	-		328@ Yahoo.Co	M
For further information c	oncerning this matter, please o	call:		
Luis Name o	Coloin Person	at ( <u>407</u> ) <u>853</u> Area Code Daytir	3-0727 ne Telephone Number	
Enclosed is a check for th	ne 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 enclose	
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C	orporations	Division of Co	rporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on 9-20-20-31 Florida document number 87-2722060 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 695, 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.

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>	<u>Address</u>	Type of Action
MGR	Luis Colon	12108 fox Quarty 1	ane DAdd 32773
			□Remove
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## Page 2 of 3

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing:	5.0207 (3)(b red as the
(f the rec (b) The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earli 90th day after the record is filed.	er of:
Dated <sub>-</sub>	8/29/22	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00