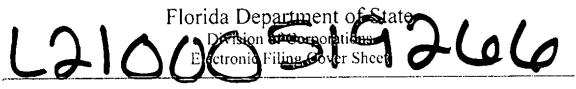
To: -18506179383 '



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000064516 3)))



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To:

Division of Corporations

Fax Number : (850)617-6363

From:

Account Name : LEGALZCOM.COM INC.

Account Number : 120010000062 : (323) 962-8600 Prone : (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POSEIDON PRESSURE CLEANING LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Division of	Section Corporations
	OON PRESSURE CLEANING LLC
SUBJECT:	Name of Limited Liability Company
	of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:
	Cheyenne Moseley
	Name of Person Legalzoom.com, Inc.
	Firm/Company 101 N Brand Blvd 11th F1
	Address
	Glendale, CA 91203 City/State and Zip Code
	glenthegreat24@gmail.com G-mail address: (to be used for future annual report notification)
For further informati	800
Na	ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	or the following amount:
□ \$25.00 Filing Fo	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Ro Di P.o Ta	AILING ADDRESS: gistration Section vision of Corporations Division of Corporations Division of Corporations Clifton Building Hahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
	and the Armed Community of the Community

From: Danielle Gerva

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSEHKIM PRESSURE CLEANING CLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000519266	Company were filed on 12/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited Hability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		··
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office add	dress here:	
		2022
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address	60 C
	, Florida	Zini Curly
n n n n n n n n n n n n n n n n n n n		<u> </u>
New Registered Agent's Signature, if changing Registere		77; 2
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and o 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 my duties, and I c agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that the	im familiar with and Or, if this document is
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performance of my duties, and I c agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that the	im familiar with a Or, if this docume

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

Page: 5 of 6

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VICTORIA S GRAVES		DAdd
		7909 SHORE BLUFF CT. TEMPLE TERRACE, FL 33637	Remove
ţ			Change
t	<u> </u>		
1			Remove
			Change
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Note:	(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	2/8/22 11:44 am
	Signature of a member or authorized representative of a member
	Stonature of a member of authorities teoreschianyc of a member

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Filing Fee: \$25.00