## 122000013559

(Requestor's Name)	
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(City/State/Zip/Phone	<del>/</del> )
PICK-UP WAIT	MAIL
(Business Entity Name	<del>)</del>
(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	ANDARDS PRESSURE CLEA	NING LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HAYDEN HANSCOM			
		Name of Person		
	HIGH STANDARDS PRI	ESSURE CLEANING LLC		
		Firm/Company		
	11470 SUMTER GROVE	STREET #5204		
		Address		
	NAPLES, FL 34113			
	<del></del>	City/State and Zip Code		
	hhanscom239@gmail.com		- ~2	
	E-mail address:	(to be used for future annual report notification)	1922 S	de se
For further information of	concerning this matter, please of	ratil:	2022 JAN 25 Significants	
JAMES C MURRAY 239 791-7796		239 791-7796 at ( )	<u>-</u>	
Name o	f Person	Area Code Daytime Telephone Number	PH 12:	); ;
Enclosed is a check for the	he following amount:		5	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (	e of Status &	
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Florida document number L22000013559	•		and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl (Principal office address MUST BE A STRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u> E <i>BOX</i> )		
B. If amending the registered agent and/or agent and/or the new registered office addr		records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	HAYDEN H. HANSCOM		
New Registered Office Address:	11470 SUMTER GROVE STRE	EET 5204 orida street address	
	ŅAPLEŞ	, Florida <sup>341</sup>	.13
	City	, 1 101104	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 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>	Address	Type of Action
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			□Remove
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ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depa	e specific and cannot be prior to c a does not meet the applicable	ate of filing or more than 9	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be lis	5.0207 ted as
and an air considered afficient de	ate, but not an effective time	at 12:01 a.m. on the ea	rlier of: (b) The 90th day afte	r the
s filed.	2022			
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ted JANUARY 17	nature of a member or authoriza	ed representative of a mem	ber	