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JI VISIUN OF CORPORATIONS

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T. MATTHEWS JUN 17 2022

COVER LETTER

	tegistration Sec Division of Corp			,
elin irza		TER POWER WASHING LLC	•	
SUBJECT	ı: <u></u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspoi	ndence concerning this matter	to the following:	
		Stephanic Goebel		
		_	Name of Person	
		Zen Business		
			Firm/Company	
		5511 Parkcrest Drive, Ste.	103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report notific	cation)
For further	r information co	oncerning this matter, please co	ill:	
Stephanie	Goebel		8-14 493-6249 at ()	
	Name of	Person		Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

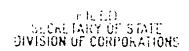
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 25 AM 8: 48

PURE WATER POWER WASHING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.22000023436	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "l	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		***
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	gistered office address on our reco	
B. If amending the registered agent and/or reg	gistered office address on our reco	ords, <u>enter the name of the</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our reco ddress here:	ords, <u>enter the name of the</u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent:	gistered office address on our reco ddress here:	ords, <u>enter the name of the l</u>
	gistered office address on our reco ddress here: Exter Florida street ad	ords, <u>enter the name of the</u>

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>	<u>Address</u>	Type of Action
MGR	James David Mancebo	21517 curlew ct Lutz, FL 33549	
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
	·		Add
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			Change
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Signature of a member or authorized representative of a member		tho			

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Filing Fee: \$25.00