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COVER LETTER

TO: Registration S Division of Co	Section orporations " •	4	-
	Sanacky Clare		117
SUBJECT:	Name of Lim	ited Liability Company	LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ansal Bak	a 1.	
		Name of Person	181
O: Registration Section Division of Corporations UBJECT: Squeaky Clean Pressure Services LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Hease return all correspondence concerning this matter to the following: Anfal Bakal. Name of Person Squeaky Clean Pressure Services LLC Firm/Company Rogor S. W. ISO Ave. Address Mikm, Fl. 33193 City/State and Zip Code Bakal. Anfal 87 @ Indianal - com Femali address; to be used for future annual report notification) For further information concerning this matter, please call: Anfal Bakal. Name of Person To further information concerning this matter, please call: Anfal Bakal. Name of Person To further information concerning this matter, please call: Anfal Bakal. Name of Person To further information concerning this matter, please call: Anfal Bakal. Name of Person To further information concerning this matter, please call: Anfal Bakal. Name of Person To further information concerning this matter, please call: Area Code Certificate Of Status Certificate Copy (additional copy is enclosed) Mailting Address: Registration Section Registration Section Registration Section Division of Cereporations.			
	Squeaky Clear	Firm/Company	ices LLC
		. ,	
	8027 S.W. 15	o Ave.	<u>.</u>
		Address	
	Miami, Fl.	33193	
		City/State and Zip Code	
	Bakali_ Anfa	187@hotmail-c	om.
	E-mail address: (to be used for future annual rep	port notification)
For further information	concerning this matter, please ca	all:	
Ancel Ba	chal."	., 781	752-3522
Name	of Person	at (<u>/0</u> 6) Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
	_	C \$55 00 Filing Fan &	S60 00 Filing Fee
W 325.00 Filling Fee		Certified Copy	Certificate of Status &
		(additional copy is enclos	
Mailina Add-	occ.	Streat Add	rocc'
_	Corporations		of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Squeaky Clean Pressure	Services LLC ny as it now appears on our records.) Liability Company)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 3/7/2022	and assigned
lorida document number <u>L 22000114688</u> .	• ,	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Lucrative Auto Sales & Services the new name must be distinguishable and contain the words "Limited Liabil	LLC	, s
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		•
nter new mailing address, if applicable:	16964 S.W. 138+1 Miami, Fl. 33177	h noe. ct.
Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33177	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new reg
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		daZip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 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
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
			□Add
			Remove
			□Change
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			Change
			□ Add
			□Remove
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		,	□Add
			□Remove
		 	□Change
			□Add
			[](hunuu

	
n effecti ote: If	date, if other than the date of filing:
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	4/6/2024
	Signature of a mornber or authorized representative of a member