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DIVISION OF COMPONATION 22 MAY 13 AM 9: 19

T. MATTHEWS JUL 14 2022

COVER LETTER

Division of Cor	porations		
SUBJECT:	Un brite	PCESSURE ited Liability Company	Washing, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>David</u> Support	Haxton Name of Person	e Washing, LLC
		Firm/Company	<u></u>
	2014 SE	29th Lr	
	\ \ \ \ \ 1	City/State and Zip Code	
	E-mail address: (Waservice	ort notification)
For further information co	oncerning this matter, please ca	all:	
David Ho Name of	Person	at × 6/2 : 8	05-7392 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY 13 AM 9: 19

Sunbrite A	ressure Washing, LLC	
"Name of the Limited (A	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	· · · · · · · · · · · · · · · · · · ·	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the nam</u> here:	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin 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
MGR	David J. Haxton	2014 SE 29th Ln	XAdd
		Cape Coxal, FL 33904	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			□Change
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			_ Change

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If an effecti <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	5/5, 2022. July 3
	Signature of a member or authorized representative of a member