## L2200015H350

(Red	questor's Name)	
(Add	dress)	<del></del> -
(Add	iress)	9. <u>-</u> 10000
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800398136158

13.66.33=-01017--010 \*\*\*2:.00



## **COVER LETTER**

.

	gistration Sec vision of Corp				
CIID HYZYD.		NE POWER WASH, LLC			
SUBJECT:		Name of Lim	ited Liability Company	_	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspor	ndence concerning this matter	to the following:		
		CHRISTINE LEE			
			Name of Person	_	
			Firm/Company	_	
		106 WEKIVA POINTE CI	RCLE		26
			Address		22 D.:
		APOPKA, FL 32712		-	(C - 6)
			City/State and Zip Code		
		CHRISTINEM. VERMILLI	_		:0:
For further i	nformation co	e-mail address: () oncerning this matter, please ca	to be used for future annual report notification) all:	· · · · · · · · · · · · · · · · · · ·	): 28
RICARDO		·	407 670-1530 at ()		
	Name of	Person	Area Code Daytime Telephone Num	ber	
Enclosed is	a check for th	e following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Statuied Copy onal copy is encl	
	iling Address gistration S		Street Address: Registration Section		
	vision of Co		Division of Corporations		
	D. Box 632		The Centre of Tallahassee	010	
Ta	llahassee, F	L 32314	2415 N. Monroe Street, Suite	: 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLENSTONE POWER WASH, LLC

(Name of the Li	mited 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 <u>L22000154350</u>	Liability Company were filed on $\frac{3}{2}$	/30/2022 and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> ;
The new name must be distinguishable and contain the	e words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	1. 2000
(Principal office address MUST BE A STRE	EET ADDRESS)	17. B
-		
		Tie /
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	28
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ress here:	records, enter the name of the new registered
Name of New Registered Agent:	CHRISTINE LEE	
New Registered Office Address:	106 WEKIVA POINTE CIRCLE	
-	Enter Flo	rida street address
	APOPKA	, Florida <sup>32712</sup>
	City	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.

Christine Lee

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 Memb

<u> Fitle</u>	<u>Name</u>	Address	Type of Acti
AMBR	NICHOLAS LEE	106 WEKIVA POINTE CIRCLE	<b>■</b> Add
		APOPKA, FL 32712	□Remove
			□Change
			□Add
			□Remove
			□Change
			Add 21022 Remove
			Change
		· ·	_ □Remove
			□Change
			□Add
			□Remove
			□Change
	- ***		□Add
			□Remove

\_ Change

NAME TO CHRISTINE LEE. WILL NEED THAT TO BE UPDATED.	
	·····
	202.
	—————————————————————————————————————
	<u></u>
ve date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing ent's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 60 requirements, this date will not be list
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o iled.	n the earlier of: (b) The 90th day aft
NOVEMBER 23 . 2022	
Christine Lee Signature of a member or authorized representative of	

. . . .

Filing Fee: \$25.00