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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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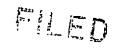
COVER LETTER

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TO:

TO: Registration Sec Division of Corp			
subject: Kap 1	Jitimate Pressu	ve Cleaning, LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of F	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Alejandro Pi	Name of Person	
	Kap Ultima	te Pressure Cleanin	g, LLC
	3957 Pomo	Address 8-301	
	CapeCoral F	City/State and Zip Code	
	Kapultimate E-mail address: (to be used for future annual report not	ny, LLC
For further information co	ncerning this matter, please co	all:	
Alejandro P	e no.	at (239) 7-17 - Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Registration S Division of Co P.O. Box 6327 Tallahassec, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		2022 JUL 18 PH 2: 47
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea	rs on our records.)
(A Fibrida Danned	Elacinty Company)	TACLAHASSEE, F.
The Articles of Organization for this Limited Liability Company	y were filed on	4-4-23 and assigned
Florida document number 400385104484		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company h	ere:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our i	ecords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
		Davida
ν.	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	
I hereby accept the appointment as registered agent and ag		capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complet	e performance o	f 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
heing filed to merely reflect a change in the registered offic	e address, I here	by 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>	Name	Address	Type of Action
AMBR	Alejandro Pena	3457 Poincobaro Circle 8-301	M Add
		Capedoral FL 33909	□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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			□ Change

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ument'	's effect	ive date o	n the D)epartm	ent of St	ate's reco	ords.					
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cord sp s filed.	ecifies	a delayed i	effectiv	∕e date,	but not a	n effecti	ve time, at	12:01 a.m.	on the	earlier of: (b)	The 90th day at	fter the
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Typed or printed name of signee