Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:					<u> </u>	,
	Division of Corporations				3.5	:
	Fax Number : (850)617-6383				.≥.~. ~~~	
From:					330	
	Account Name : PÓWELL, JACKM	AN, STEVENS	& RICCIA	RDI, P.A	L	: 11 1:
	Account Number : I20170000034				بر دی	-
	Phone : (239)689-1096				~ 3×	.59
	Fax Number : (239)791-8132				~	~
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C. BRUMBLEY

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration S Division of Co			
KAP ULT SUBJE CT :	IMATE PRESSURE CLEANI	NG, LLC	
SCHIECT,	Name of Lin	oited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEJANDRO PENA		
	· ···	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Fitm/Company	
	3957 POMADARO CIRC	LE 8-301	
		Address	
	CAPE CORAL, FL 33909		
		City/State and Zip Code	
	LEGAL@YOUR-ADVOC		u
For further information c	oncerning this matter, please c	to be used for future annual report nots. all:	(ication)
ALEJANDRO PENA		239	
Name o	f Person	at ()	e Telephone Number
inclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)
Mailing Address		Street Address;	
Registration 5 Division of C		Registration Sec Division of Cor	
DIVISION OF C	•	The Course of Cor	

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

KAP ULTIMATE PRESSURE CLEANING, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	is as it now uppears on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on 04/05/2022 and assigned	
Florida document number L22000162137		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)		:4
	700 7	,
	\$ 6	-
Enter new mailing address, if applicable:		~
(Mailing address MAY BE A POST OFFICE BOX)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_ /
	ma y	للاً-
D. If we discount in the second secon		Q
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	idress on our records, enter the name of the new registe	<u>ered</u>
-		
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida sirves address	-
	, Florida	
	Clņi Zip Code	_
New Registered Agent's Signature, If changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e 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>	Name	Address	Type of Action
AMBR	REAGAN WILLIAMS	3957 POMADARO CIRCLE 8-301	
		CAPE CORAL, FL 33909	
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			ПАф
			CReinove
			[] Change
			DAdd
			□Remove
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			[]Remove
			□Change
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			CRc:nove
			LJChange

If amending any other inform	nation, enter change(s) here:	(Attach additional sheets, if n	ecessary.)

	M1827		
			
			
Effective date, if other than the anterestive date is listed, the date is exerted in this document's effective date on the	nust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days at	ctional) Per filing.) Pursuant to 605.0207 (3 his date will not be listed as th
ne record specifies a delayed effect and is filed.	tive date, but not an effective time	e, at 12:01 s.m. on the earlier of:	(b) The 90th day after the
Dated OCTOBER 10	, 2022		
	Signature of a member or author:	zed representative of a member	
ALEJANDRO PENA			
	Typed or printed	name of signer	

Filing Fee: \$25.00