Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096 : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAP ULTIMATE PRESSURE CLEANING LLC

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A. LUNT

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Corporate Filing Menu

Help

COVER LETTER

	gistration Sec vision of Corp					
onn niew.	KAP ULTIMATE PRESSURE CLEANING, ELC					
SUBJECT:		Name of Limited Liability Company				
The enclose	d Anicles of	Amendment and fee(s) are subt	nitted for filing.			
Please retur	n all correspon	ndence concerning this matter t	o the following:			
		ALEJANDRO PENA				
			Name of Person			
			Fitat/Company			
		3957 POMODORO CIRCLE 8-301				
		Address CAPE CORAL, FL 33909 City/State and Zip Code				
		LEGAL@YOUR-ADVOCATES.ORG E-mail address: (to be used for future annual report notification)				
For further	information c	oncerning this matter, please co	dl:			
ALEJANE	DRO PENA		239 689-1096			
	Nап и о	f Person	Area Code Daytime	Telephone Number		
linclosed is	s a check for t	he following amount:				
☐ \$ 25.00) Filing Fee	☐ \$30.00 Fiting Fee & Cordificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(2) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			Street Address			

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

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

2022 NOV -9 AM 11: 27

KAP ULTIMATE PRESSURE CLEANING, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as It new spinears on or bility Company)	<u>ir records.</u>)	
The Articles of Organization for this Limited Liability Company w Florida document number 122000162137	cre filed on 04/05/20:	22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designal	ion "LLC" or the abbie	viation "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 ad agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida st		
	Enter Piorita M		
	City	, Florida	Zip Code
Staboning Danietored Agent	Chy		
New Registered Agent's Signature, if changing Registered Agent:		16 d	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	writermance of $m v$ ϵ	luties, and I am la	пинаг wин ана

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>l'itle</u>	Name	Address	Type of Action
AMBR _	REAGAN WILLIAMS	3957 POMODORO CIRCLEBUILDING 8 APT 301	
		CAPE CORAL, FL 33909	
			Change
			🗆 Add
			= Remove
			Change
			Dv91
			Remove
			Change
			D&&Cl
			DRemove
			Change
			f]Add
			(]Remove
			DChange
			DAdd
			□Remove
			□Change

	JEVISTON OF CONTENANT
	2022 NOV -9 AM 11: 2
If amending any other information, enter change(s) here: (Attach addition	tional sheets, if necessary.) 4H11: 2
Effective date, if other than the date of filing:	(optional)
Note: If the date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory fiducument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.0207 (ling requirements, this date will not be listed as t
c record specifies a delayed effective date, but not an effective time, at 12:01 a.rd is filed.	m, on the earlier of: (b) The 90th day after the
Dated NOVEMBER 4 / 2022	
Signature of a member or authorized representa	tive of a member
ALEJANDRO PENA	
Typed or printed name of signo	c

From Brenda Allen 1.239.695.7598 Wed Nov 9 17:00:39 2022 UTC Page 5 of 5

Filing Fee: \$25.00