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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT: SM	Preme Softwa Name of Li	Sh Roof Gloring mited Liability Company	1/ C
	Amendment and fee(s) are su		
Please return all correspo	ndence concerning this matte	r to the following:	
	Josh P	eterson Name of Person	
	MIBNS	R SOFTWOSH R	of Choning 110
	600 78th Au	ve St Pare Board	2023 JUN - 7 AM 8: 28
	St Pete Be	City/State and Zip Code	6 AH 8
	_ surrene los	to be used for futtire annual report notion	به به المحافظة المحا
For further information co	ncerning this matter, please c		fication) o
Name of	Person	at (727) 6U8 - Area Code Daytime	Tclephone Number
Enclosed is a check for the	t following amount:		
	☐ \$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 Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Corp	orations
T.O. DOX 0327		The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	γr - ω
Supreme Soft wash Rome (Name of the Limited Liability Comp (A Florida Limited)	macinty company)
The Articles of Organization for this Limited Liability Company	were filed on 4/27/22 in and assigned
The Articles of Organization for this Limited Liability Company Florida document number 122000174727	and Signed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ullity company here:
St Pete Pressure wash	11/
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6254 39th Ave N St Petersburg, FL, 33709
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL, 33709
Enter new mailing address, if applicable:	6254 39th Are N
(Mailing address MAY BE A POST OFFICE BOX)	5+ Petershure FL 33709
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	<del></del> _
	Enter Florida street address
	, Florida
	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.

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:

or removed	from our records:	anage, enter the title, name, and address of each	h person being adde
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00