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## **COVER LETTER**

SUBJEC'		PRESSURE OUTDOOR CL	CANIDIC COLUMNICAL A			
SUBJEC			EANING SOLUTION LLC			
		Name of Lim	ited Liability Company			
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please reti	ırn all correspo	ndence concerning this matter	to the following:			
		Nathan J Mainard				
			Name of Person			
		APPLYING PRESSURE	APPLYING PRESSURE OUTDOOR CLEANING SOLUTION LLC			
			Firm/Company	·		
		7534 Groveland Farms Rd				
			Address			
Groveland, FL 34736				· · · · · · · · · · · · · · · · · · ·		
		<del></del>	City/State and Zip Code		·	
		streetoutlaw01@gmail.com	to be used for future annual report notifi	ivation)		
Dan Carata	· · · · · · · · · · · · · · · · · · ·		•	ication)	!	
		oncerning this matter, please c			Г. <u>†</u>	
Nathan J !			352 530-8018 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	e following amount:				
\$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
R C P	<b>Lailing Address</b> Registration S Division of Co O. Box 632 Callahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 8	10	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## APPLYING PRESSURE OUTDOOR CLEANING SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	,,,,,,,,,,,,,,,,,	
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number L22000193102		
This amendment is submitted to amend the following	2:	
A. If amending name, enter the new name of the	limited liability company here:	
Renegade Evironmental Solutions LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
		(
Enter new mailing address, if applicable:	<del></del>	-
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		:
B. If amending the registered agent and/or registered agent and/or the new registered office address her		e name of the new registered
-	_	ſ+. '
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	City , Florie	da
_	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and a d agent as provided for in Chapter 605, F.S tered office address, I hereby confirm that t	I am familiar with and S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□Add
			□Remove
			Change
			r □Remove
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		<del></del>	□Remove
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			r.,
ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior to date ock does not meet the applicable sta	(option of filing or more than 90 days after finatutory filing requirements, this of	iling ) Pursuant to 605 02
s filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after th
ed	2023		
	·		
0510:1	Signature of a member or authorized re		

Filing Fee: \$25.00