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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

WINDY CITY EXTERIOR SOFTWASH LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MARC CALABRIA Name of Person IMC ACCOUNTING & TAX LLC Firm/Company 1 TIFFANY POINTE SUITE G11 Address **BLOOMINGDALE IL 60108** City/State and Zip Code MARC@MEGCONSULTANCY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARC CALABRIA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **≅** \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDY CITY EXTERIOR SOFTWASH 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 Liability Company were filed on 04/26/2022 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TREASURE COAST EXTERIOR SOFTWASH LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 10305 US HWY 1 SEBASTIAN FL 32958 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 10305 US HWY 1 SEBASTIAN FL 32958 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 10305 US HWY 1 New Registered Office Address: Enter Florida street address SEBASTIAN

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.

Cirv

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
PRES	JOSEPH ROSA	10305 US HWY 1 SEBASTIAN FL 32958	□Add
			□Remove
			= Change
			□Add
			□Remove
			☐Change: //
			☐Change
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Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated AUGUST 9TH 2022 ** **AUGUST 9TH 2022			<u></u>			·			_
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Filing Fee: \$25.00