D108016651

Office Use Only



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2022 MAY 19 AM 9: 21

RECEIVED

2022 HAY 19 AH 9: 37

of 5/19/2022

COVER LETTER

SUBJECT:N	Juyen's Pres	Boure Washing Company	LLC
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following.	
		Suxen Name of Person	
	Nauxen's F	Pressure Washi	ng UC
	2587 GK	enfield Dr. Address	
		City/State and Zip Code	
		90@ 9 mail com	lication)
For further information ed	oncerning this matter, please c	all.	
Phi Ngu	Jen Person	at (554) 4840 Area Code Daytim	o/43 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Add.			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

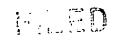
Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

Street Address: 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 HAY 19 AH 9: 37

The Articles of Organization for this Limited Liability Company were filed on 5-2-7022 and assigned Florida document number LZZ00020 8010 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Lunated Liability 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) 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: New Registered Office Address: Enter Florida street address 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.

H 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

Title Name Address Type of Action MGR Phi Nguyen 2587 Glenfield dr &Add Green Cove Springs = Remove FL 37043 _____ @Change ______ ERemove _____ Change _____ □Add _____ □Change _____ □Add ———————— □Remove _____ Change _____ □Add _____ □Remove ______ Пепюле □ □ Change

	
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If an effective <u>Note:</u> If th	fate, if other than the date of filing: date, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005,0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the
Dated <u>5</u>	7-19-2022
	A second
	W/. 10
-	Signature of a member or authorized representative of a member