L22000217758

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COVER LETTER

TO:

Registration Section Division of Corporations

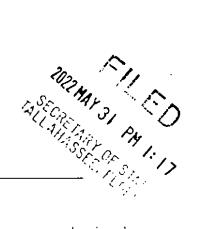
Tallahassee, FL 32314

Villages Pressure Washing 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: Glenn Ware Name of Person Villages Pressure Washing LLC Firm/Company 1006 Myrtle Lake View Drive Address Fruitland Park, Florida 34731 City/State and Zip Code gware87@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glenn Ware 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** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Villages Pressure Washing 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 May 09, 20	and assigned
Florida document number 1.22000217758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GJR Pressure Washing LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. 16 P. d. C. Standard and M. C. Standard and A. C		antar the name of the new registered
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
	-	
New Registered Office Address:	Enter Florida street	address
		St. 14
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
•		I Conde an arrange and a single day
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity e performance of my duti	y. 1 jurther agree to compty with the ies, and I am familiar with and
		ZOS POZO ICALLE LA CALLE
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter	
	provided for in Chapter	

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
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			□Change
			□Add
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Note: I	If the date inser	ner than the da d, the date must be rted in this block date on the Depa	k does not n	neet the appl	icable statutor	ng or more than y filing requi	(optio 90 days after t rements, this	nal) iling.) Pursuant to date will not be	o 605.0207 c listed as (
المريموم و		layed effective d	ate, but not	an effective	time, at 12:01	a.m. on the e	earlier of: (b)	The 90th day	after the
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rd is file	May 23	Hare	gnature of a r	·	horized represe	ntative of a me	mber		_

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Filing Fee: \$25.00