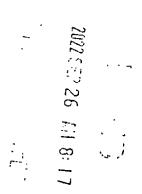
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<i>(</i>
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



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1 9/21/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EMERALD BAY A	ressure Woshing LLC
Nathe of Lin	Emerald Bay Pressure Worshing UC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  Christophy R Bobbin  Name of Person  Emarks Dy Pressure Washing UC  Fight/Company  1918 Quince Aul.  Address  Micarilly FC 32 5 78  City/State and Zip Code  emeral bay pressure washing guaril, com  Email address: (to be used for future annual report notytication)  The pressure washing and an annual report notytication  at (850)  Name of Person  Area Code  Variance of Status & Certified Copy  (sadditional copy is enclosed)
The enclosed Articles of Amendment and fee(s) are sur	omitted for thing.
Please return all correspondence concerning this matter	r to the following:
	Name of Person
Enerald	Bay Pressure Washing LLC
1918 QUI	na Ave. Address
Niceville,	City/State and Zip Code
E-mail address:	(to be used for future annual report not/fication)
For further information concerning this matter, please of	
Christophy Bobbn. Name of Person	at (850) 812 8965 Area Code Daytime Telephone Number
·	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section Division of Corporations
Division of Corporations	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



September 12, 2022

CHRISTOPHER R BOBBIN 1918 QUINCE AVENUE NICEVILLE, FL 32578

SUBJECT: EMERALD BAY PRESSURE WASHING LLC

Ref. Number: L22000247960

We have received your document for EMERALD BAY PRESSURE WASHING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 622A00020271

2022 SEP 26 AM 11: 46

Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Therald Bay ressure was wing LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company were filed on MAY 35+ 202 and assigned lorida document number L22000247960.
forida document number $\angle \diamond \angle \lor \lor \lor \diamond^- \lor \lor$
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
Tuning maneess MITT DD /11 ODT OTTICE DOM
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> gent and/or the new registered office address here:
Name of New Registered Agent:
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address
New Registered Office Address:  Enter Florida street address
New Registered Office Address:
New Registered Office Address:  Enter Florida street address  , Florida

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>	<u>Address</u>	Type of Action
NGR	Christopher	1918 Quince Ave Niceville, FC	\\_Add
	150100in	Niceville, FL	□Remove
Λ 👝	Λ	32578	□ Change
AP	Ashley Denley	1918 Quince Ave Niceville, FL	🗆 Add
	(	Niceville, FL	□Remove
		32578	Change
			🗀 Add
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Filing Fee: \$25.00