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COVER LETTER

Division of Cor			. •
SUBJECT: M	55 Pressure La	lashing LCC	
	Name of Lin	нее Liabiniy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Erik Betan		· <u>·····</u>
	MJJ Press	ure Washing LLC Firm/Company	
	4055 Eastri	dge Circle Address	
	Pomparo Beh	F/ 33064	 -
	M J J Presse E-mail address: (City/State and Zip Code Newashing @ Yahoo to be used for future annual report notifi	· (o /> ication)
For further information c	oncerning this matter, please c		
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Straat Addrass	

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

MJJ Bressu	era Washing CC 2022 AUG-4 AHII: 11
(Name of the Limited I	Liability Company as it dow appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Light	lity Company were filed on June 14, 103 and assigned
Florida document number	
This amendment is submitted to amend the followi	
A. If amending name, enter the new name of th	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered affice address h	stered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Code

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.

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 Type of Action Address Title Name AMBR Lourdes Pluguez 4055 Eastridge Circle DAdd

Pomparo Boh F/ 33064 Demove _____ □Remove ___ Change ____ Remove _____ □Change _____ Change _____ □Change _____ Remove ____ □Change

					
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lote: If the date	other than the date of listed, the date must be spe inserted in this block doe ive date on the Department	es not meet the appl:	icable statutory filing	(optiona re than 90 days after fili requirements, this da	ng.) Pursuant to 605.0207
record specifies I is filed.	a delayed effective date.	but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
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	51-1		horized representative of		
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