

L22000284335

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FL
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEER PRESSURE PURE PRESSURE WASHING LLC

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:

GIONEAL MORGAN

Name of Person

PEER PRESSURE PURE PRESSURE WASHING LLC

Firm/Company

16000 PINES BOULEVARD, UNIT 822703

Address

PEMBROKE PINES, FL 33082

City/State and Zip Code

PEERPRESSUREPUREPRESSURE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIONEAL MORGAN

954 707-7240

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

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TALLAHASSEE, FL
MAR 13 2023

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PEER PRESSURE PURE 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 JUNE 22, 2022 and assigned
Florida document number L22000284335

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 "Limited 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)

39899 BALENTINE DRIVE, SUITE 200, NEWARK, CA

94560

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16000 PINES BOULEVARD, UNIT 822703, PEMBROKE

PINES, FL 33025

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

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 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:

Please "Remove" the following names below corrected.

MGR = Manager.

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ambr	Gioneal Morgan	39899 BALENTINE DRIVE, SUITE 200, NEWARK	<input checked="" type="checkbox"/> Add
		CALIFORNIA 94560	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Azohn Roach	39899 balentine drive, suite 200, Newark,	<input checked="" type="checkbox"/> Add
		California 94560	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Melliek Jackson	39899 balentine drive, suite 200, Newark,	<input checked="" type="checkbox"/> Add
		California 94560	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Leon Morgan	39899 balentine drive, suite 200, Newark	<input checked="" type="checkbox"/> Add
		California 94560	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Jamar Lewis	39899 balentine drive, suite 200, Newark,	<input checked="" type="checkbox"/> Add
		California 94560	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Chissana Scholes	39899 balentine drive, suite 200, Newark,	<input checked="" type="checkbox"/> Add
		California 94560	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE
TALLAHASSEE, FL

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CLERK OF DISTRICT COURT
STATE OF TEXAS
FALLS CHURCH, TEXAS

(If an effective 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 605.0207 (3)(b)

Typed or printed name of signee