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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: SUNSE		PESSURE CLEANING	ur	
		, . ,		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	DUSTIN	Name of Person		
	SUNSHINE EX	TREME PRESSURE CI	EANING CLC	
	34801 Vau	LEY HILL LN Address		
	EUSTIS	FL 32736 City/State and Zip Code		: PISION OF C
		City/State and Zip Code SUNSHINE EXTREME - Co to be used for future annual report notif) n.d.	
For further information of	concerning this matter, please ca		(Canon)	MEDIATION
	Hourse	at (352) 843 - 3	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) <u>*</u>
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Enclosed is a check for t	he following amount:			
☆ \$25.00 Filing Fee	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is end	tus &		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	rtion	
Division of C		Division of Cor		
P.O. Box 63		The Centre of T	=	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE E		PRESSURE	CLEANING			
(Name of the 1	imited Liability ((A Florida Li	Company as it no mited Liability Co	w appears on our re- ompany)	cords.)		
The Articles of Organization for this Limite	ed Liability Con	npany were file	ed on		and assigno	ed
Florida document number						
This amendment is submitted to amend the	following:					
A. If amending name, enter the new nan	ne of the limite	d liability com	pany here:			
SUNSHING EXTREME The new name must be distinguishable and contain	POWER	WASH	LLC			
The new name must be distinguishable and contain	the words "Limite	d Liability Compa	my," the designation "	LLC" or the abbr	eviation "L.L.C."	••
Enter new principal offices address, if ap	plicable:					-:-
(Principal office address MUST BE A STI	REET ADDRE	<u>SS)</u>			22	1501div 15
					AU5	č:
					326	OF COMPONATION
Enter new mailing address, if applicable	:					
(Mailing address MAY BE A POST OFFI					A	Ģ.
(Maning united MAT DE 11 1001 0111	CD DO747				••	
						7.
B. If amending the registered agent and/ agent and/or the new registered office ad	•	office address	on our records, <u>er</u>	iter the name	of the new re	gisterec
						
Name of New Registered Agent:						
						
New Registered Office Address:	ew Registered Office Address: Enter Florida street address					
				Florido		
		City		, Florida	Zip Code	
New Registered Agent's Signature, if chang	ing Registered .	Agent:				
I hereby accept the appointment as regis provisions of all statutes relative to the p accept the obligations of my position as being filed to merely reflect a change in company has been notified in writing of	proper and con registered age the registered	nplete perfor <mark>n</mark> nt as provideo	iance of my dutie. I for in Chapter 6	s, and I am fa 05, F.S. Or, ij	miliar with a Ethis docume	nd

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
			□Add
			□Remove
			□Change
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f an effecti	ve date is I	isted, the date mus serted in this blo	be specific ar	nd cannot be p	nior to date o	f filing or me	re than 90 da	s after filing.)	Pursuant to 605 will not be list	5.020° ed as
locument	's effectiv	e date on the D	partment of	State's reco	rds.		,	an and auto		
record s d is filed	pecifies a	delayed effectiv	date, but no	ot an effectiv	re time, at 1	2:01 a .m. o	n the earlier	of: (b) The	2 90th day after	r the
		•								
Dated	23	AUGUST		2027	<u></u> .					
		\mathcal{I}	Affect	<u>/</u>						
			<u>~</u>				of a member			

Typed or printed name of signee