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COVER LETTER

TO:	Registration Se Division of Cor					
CUDIC		DISCOUNT PRESSURE WASH PLUS LLC				
SORTE	UI;	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		ROBIN LEE POWELL				
			Name of Person			
		DISCOUNT CLEANING	SERICES LLC			
			Firm/Company			
		765 MALIBU BAY DR, A	APT. 307			
			Address			
		WEST PALM BEACH, FI	L, 33401			
			City/State and Zip Code			
		robinpowell92@yahoo.com	to be used for future annual report not	(Caralan)		
For furth	ner information c	e-mail address: (incation)		
ROBIN	LEE POWELL		561 619-0132			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	d is a check for the	he 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 5 Division of C	Section	Street Address: Registration Se Division of Co			
	P.O. Box 632 Tallahassee, I	27	The Centre of			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2024 APR -8 pm 3:31

DISCOUNT PRESSURE WASH PLUS LLC	
(Name of the Limited Liabilit (A Florida	ty Company as It now appears on bur records.
The Articles of Organization for this Limited Liability C	Company were filed on AUGUST 01, 2022 and assigned
lorida document number L22000338247	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
DISCOUNT CLEANING SERVICES LLC	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	765 MALIBU BAY DR
Principal office address MUST BE A STREET ADDR	RESS) APT. 307
	WEST PALM BEACH, FL. 33401
Enter new mailing address, if applicable:	P.O. Box 1681
Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH
	FL. 33402
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: N/A	d office address on our records, <u>enter the name of the new register</u>
- +::-174Bxxxxxx A 11112 1 1000 200	Enter Florida street address

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.

N/A

N/A	
If Changing Registered Agent Signature of New Registered Agent	

Florida N/A

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>	Name	<u>Address</u>	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			
N/A 	N/A	N/A	□Add
			□Remove
N/A	N/A	N/A	□Add
		 	□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
N/A	N/A	N/A	□Add
			□Remove
			☐ Change
N/A	N/A	N/A	□Add
			□Remove
			□Change

N/A		
		
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ffective date, if other than th	e date of filing:	(optional)
an effective date is listed, the date mi	ast be specific and cannot be prior to date block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed a
record specifies a delayed effecti l is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
APRIL 01,	2024	
	MANNINI	
	A HOUNG!	
	Signature of a member or authorized re	epresentative of a member
ROBIN LEE POWELI	_	
	Typed or printed name	e of signee

Filing Fee: \$25.00