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(Requestor's Name)				
(Address)				
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(Business Entity Name)				
(Document Number)				
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IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY

ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST

RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COMS

TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, August 30, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment
 For EAST FLORIDA PRESSURE WASHING, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 22 SEP 12 PM 3: 28

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: <u>EAST F</u> I	ORIDA PRESSURE W Name of Lim	ASHING, LLC ited Liability Company			
	Amendment and fee(s) are sub	<u>-</u>			
Please return all correspo	ondence concerning this matter	to the following:			
	Corpor	ate Maintenance Lea	ad		
	Processing Department				
	Firm/Company				
	1	1450 Vassar St			
		Address		22 SEP 12	
		Reno, NV 89502			
		City/State and Zip Code		12 PH 3: 28	
	E-mail address: (to be used for future annual report notifi	cation)	မှာ ငြ	
For further information of	concerning this matter, please ca	all:		28	
Process	sing Department	at (800) 638-2320			
	of Person		Telephone Number		
Enclosed is a check for t	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 Section		STREET/COURIE			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAST FLORIDA 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 08/05/22 and assigned Florida document number L22000345086 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: 9238 Commonwealth Ave. (Principal office address MUST BE A STREET ADDRESS) Jacksonville_ FL, 32220 9238 Commonwealth Ave. Enter new mailing address, if applicable: Jacksonville (Mailing address MAY BE A POST OFFICE BOX) FL, 32220 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES ANDERSON	.9238.Commonwealth.Ave.	Add
		Jacksonville	☑ Remove
		FL, 32220	Change
MGR	JAMES ALFRED ANDERSON III	9238 Commonwealth Ave.	
		Jacksonville	Remove
		FL, 32220	Change
			
			A SEP Removes
			□ CRange
			3: 25 2
			Remove
			Change
			
			Remove
			Change
			Remove
			☐ Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00