

L22000369/25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

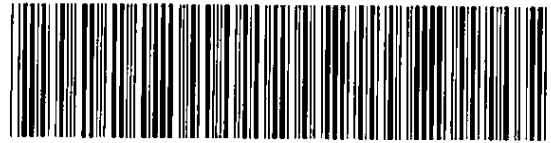
(Business Entity Name)

(Document Number)

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2024 AUG 26 AM 11:22
STATE
TALLAHASSEE, FL

2024 AUG 26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL THINGS POWER WASH 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:

Adam Powell

Name of Person

ALL THINGS POWER WASH LLC

Firm/Company

6422 SW 62nd Ave

Address

Ocala, FL 34474

City/State and Zip Code

Allthingspowerwash@gmail.com

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

For further information concerning this matter, please call:

Adam Powell

585

802-6893

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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STATE
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EE, FL

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

ALL THINGS POWER WASH 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 08/19/2022 and assigned
Florida document number L22000369125.

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:

6422 SW 62nd Ave.

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34474

Enter new mailing address, if applicable:

6422 SW 62nd Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34474

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:

Adam Powell

New Registered Office Address:

6422 SW 62nd Ave

Enter Florida street address

Ocala

Florida 34474

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

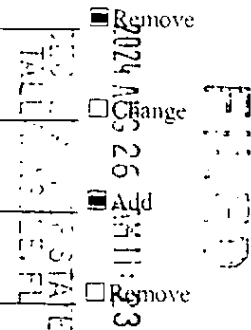
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>leo</u>	<u>Adam Powell</u>	<u>6422 SW 62nd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Ocala, Fl 34474</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Title MG:</u>	<u>Fox, Lee S</u>	<u>12094 SE 60th Ave.</u>	<input type="checkbox"/> Add
		<u>Belleview, Fl. 34420 UN</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Title MG:</u>	<u>Fox, Heather S</u>	<u>12094 SE 60th Ave</u>	<input type="checkbox"/> Add
		<u>Belleview, Fl. 34420 UN</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Title AR</u>	<u>Fox, Lee</u>	<u>12094 SE 60th Ave.</u>	<input type="checkbox"/> Add
		<u>Belleview, Fl. 34420 UN</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Title MG:</u>	<u>Heathyher S Fox</u>	<u>12094 SE 60th Ave.</u>	<input type="checkbox"/> Add
		<u>Belleview, Fl. 34420 UN</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Amanda Powell</u>	<u>6422 SW 62nd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Ocala, Fl 34474</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 22, 2024

Signature of a member or authorized representative of a member

Adam Powell
Typed or printed name of signer

Typed or printed name of signee

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TALLAHASSEE, FL

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Filing Fee: \$25.00