422000396186

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



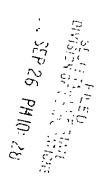


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COVER LETTER

TO: Registration S Division of Co			
subject: <u>50+</u>	hen Suds Name of Lim	Fressure & So ited Liability Company	oft Wash LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Dustias	OF CO Name of Person	
		Firm/Company	
	11-1 Herna	Address AVE	
	Palma	City/State and Zip Code	37
	Count (ubois)	Jacob & Ucha Cos to be used for future annual report notif	Y) fication)
For further information	concerning this matter, please ca	all:	
Dustin S	OF CI of Person	at (<u>386</u>) <u>276</u> — Area Code — Daytimo	e Telephone Number
Enclosed is a check for t	• • • • • • • • • • • • • • • • • • •		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addas	40.	Stuart Address.	

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

-ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9 - 12 - 3022 and assigned Florida document number L22000396186. This amendment is submitted to amend the following: * A. If amending name, enter the new name of the limited liability company here: \star The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." * Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) imes 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

MGR =	d from our records: Manager		
AMBR =	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
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00 days after filing ements, this date	.) Pursuant to 605.020 will not be listed a
urlier of: (b) Th	ne 90th day after the
nber	
ta	90 days after filing rements, this date

*Only Doing a Name Change *
From:
Sothern Suds Pressure & Soft
Wash LLC

To: Southern Suds Power Washing LLC

Document # L22 000396186

Dustin Paul Sofia 386 276-1451 Country boisway 01@ yahoo. com