L22000432797

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

Division of Cor			
RTR PRESS	SURE WASHING LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ricardo T Roig		
	<u> </u>	Name of Person	
		Firm/Company	
	1700 Sw 56 Ave		
	Plantation FL 33317	Address	
	Roigr55@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Ricardo T Roig		305 6082873	
Name o	î Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed)
Mailing Addres	is:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

RTR PRESSURE WASHING LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com 1.22000432797 Lorida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
A&R LANDSCAPING SERVICES LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u>-</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Tice address on our records, enter the n	ame of the new regist
agent and/or the new registered office address here:		22 ×
		SECRET ALLAND
Name of New Registered Agent:		10 = T
NI B. San LOW Addition		STREET TO
New Registered Office Address:	Enter Florida street address	70 B
		ORAN TI
	Florida	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 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>	Type of Action
MGR	Ricardo T Roig	1700 SW 56 AVE PLANTATION FL 33317	XiAdd
			Remove
			□Change
			□Add
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			□Remove
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.lf amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
ne 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 ed.
	1/05/2022
	Signature of a member or authorized representative of a member
	Ricardo T Roig
	Typed or printed name of signee

. . .