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(11/4/2023

COVER LETTER

 Division of Corp 	orations		
SUBJECT: SIVE	back fress	oure Washing Some	olutions LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	heith Edu	Name of Person	
	Silverback	Pressure Weshing	Solutions LLC
	7520 Gm	dview Blud Address	
	Miramar,	FL 33023	
	Keithmedin	or ds 1 @ 9mal	fication)
For further information co	ncerning this matter, please co	all:	
Keith Ed	wards Person	at (<u>954</u>) <u>939</u> Area Code Daytimo	- 8167 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

2023 007 30 AH 7: 29

Silve back Pressure h (Name of the Limited Liability Compa (A Florida Limited)	lashing Solutions LLC invasit now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LADOOUSA36</u> 4	were filed on $\frac{10/30/3033}{300}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
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)	
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

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

MGR = Manager

AMBR = Authorized Member

Type of Action Title | <u>Address</u> Name | 7061 SW 26th ct DAdd
Miramar, FL 33023 DRemove Captal O, Bain <u>C00</u> □Remove ____ DAdd □Remove □Remove _____ □Remove □ Change bbA□ ___ □Add □ Change

D If-amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
(If an effec <u>Note:</u> II	e date, if other than the date of filing:
f the record ecord is filed	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 d.
Dated _	<u>October 26</u> . 2023.
	Signature of a member or authorized representative of a member
	KEITH EDWARD S Typed or printed name of signee