## L22000483847

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

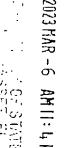
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporations					
	ssure Washing				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Christine Louis				
	<del></del>	Name of Person			
	BM&K Pressure Washing				
Firm/Company					
	480 W Camino Real Apt 3	1			
		Address			
	Boca Raton, Fl, 33432				
		City/State and Zip Code			
	Louis.christine157@gmail.c	com to be used for future annual report notif	teation)		
For further information of	concerning this matter, please ca		,		
Christine Louis		561 400-9037			
Name o	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	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 Addres		Street Address:			
Registration Section Division of Corporations		Registration Sec Division of Cor			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BM&K Pressure Washing		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	ords.)
he Articles of Organization for this Limited Liability Compa	ny were filed on 11/10/2022	and assigned
lorida document number L22000483847		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
M&K Pressure Washing LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		023
		5
nter new mailing address, if applicable:		S C - B 11
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	<u> </u>	<del>_</del>
		—————————————————————————————————————
If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iress
		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 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>	Address	Type of Action
MGR	Max F. Bell	480 W Camino Real, Apt 31, Boca Raton, 33432	_ 🗆 Add
			• Remove
			_
MGR	Bradley S. Newman	SIESTA KEY CIR DEERFIELD BEACH, FL 33441	_ DAdd
			_ ■Remove
			_ Change
MGR	Milanda Louis	SIESTA KEY CIR DEERFIELD BEACH, FL 33441	□Add
			_ Remove
			_ □Change
AP	Kendia Louis	480 W Camino Real, Apt 31, Boca Raton, 33432	_ □Add

■ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: 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 \_\_\_\_ 3:00 PM Signature of a member or authorized representative of a member Christine Louis Typed or printed name of signee

THE PARAG