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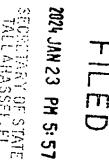
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(F	Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Section

Division of Cor	porations				
Imperial Pr	essure Cleaning Solutions LLC	2			
SUBJECT:	Name of Lim	ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Angel Biel Jr				
		Name of Person			
	Imperial Pressure Cleaning	g Solutions LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	12192 Linden Dr				
	····	Address			
	Spring Hill, FL 34608				
		City/State and Zip Code			
	Juniorbiel24@yahoo.com	to be used for future annual report not	rification)		
For further information of	oncerning this matter, please c	•			
To runner mornanon e	oncerning and matter, proude t	••••			
	f Person	at () Area Code Daytin	Talankana Numbar		
Name o	rerson	Area Code Dayini	ne retefinone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Imperial Pressure Cleaning Solutions LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Imperial Pressure Washing & Paver Sealing LLC		
The new name must be distinguishable and contain the words "Limited Lial	pility 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:	e address on our records, <u>enter</u>	SECRET LAN 23 PM 5: new register the name of the new register.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	s
	, Flo	Orida Zip Code
Now Desistand Agent's Signature if changing Registered Agen	•	top tout

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>	Name	Address	Type of Action
			□ Add
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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	•		□Remove
			□Change

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f an effective Note: If the	te, if other than the date is listed, the date must date inserted in this blockflective date on the Dep	be specific and can ck does not meet	mot be prior to da t the applicable	te of filing or more	(option than 90 days after equirements, this	filing.) Pursuant to 6	05.0203 sted as
e record spec d is filed.	ifies a delayed effective	date, but not an	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day af	ter the
02/0	/2024	·_					
	ame	ignature of a men	La control de la	representative of	a member	٧	

Filing Fee: \$25.00