6/15/23, 4:54 PM

Division of Corporations

# Florida Department of State Division of Corporations Electron of Filings Cover State

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRESSURE AWC LLC

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Corporate Filing Menu

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To:

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#### **COVER LETTER**

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WC LLC		
Name of Limi	ted Liability Company	
Amendment and fee(s) are sub-	nitted for filing.	
ndence concerning this matter	to the following:	
Cheyenne Moseley		
<del></del>	Name of Person	
Legalzoom.com, Inc.		
·	Firm/Company	···
101 N Brand Blvd 11th Fl		
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Glendale, CA 91203		
	City/State and Zip Code	
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Cheyenne Moseley  Name of Person		Telephone Number
c following amount:		
□ \$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)
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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### From: Richard York

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pressure AWC LLC		
(Name of the Limited Li (A F	lability Company as it now appears on our records.) londa Lunited Lubility Company)	<del></del>
The Articles of Organization for this Limited Liabil Florida document number <u>L22000509105</u>	lity Company were filed on 12/05/2022	and assigned
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:	<u></u>
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	ΣΩ	
B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office address on our records, <u>enter address here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Floridas treet address	AH :
<del>-</del>	, Florida	Zip Code;
		<u> </u>

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marcus Givens		
		9608 Blue Stone Cir., Fort Myers, FL 33913	
			■ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			D Add
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			Change
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effecti	date, if other than the date of filing: (optional)  ve 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.	.020
<u>e:</u> [f]	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste 's effective date on the Department of State's records.	d as
	The state of the separation of state sections.	
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er o
he 90	Oth day after the record is filed.	
	2022	
ed	June 2023	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00