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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Cartification of Change
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Billy Goot PRESSURE Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to t	he following:
Greant Bill	Name of Person
Billy Goot F	Ressee washing, LLC Firm/Company
6629 BAY	Address
Tampa, FC,	City/State and Zip Code
B'illy @ Billy (E-mail address: (to b	c used for filture annual report notification)
For further information concerning this matter, please call:	
Creant Billy Lains Name of Person	at (8/3) 495-1661 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

BILLY GOAT PRESSURE WAS	HING, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on 12/06/2022	_ and assigned
Florida document number <u>LZZØØØ513Ø19</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
BILLY GOAT PRESSURE WASHING a The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	LLC:viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		26
		10237
	•	Ē
Enter new mailing address, if applicable:	o	·
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining address MAT BE AT OST OFFICE BOA)		<u>~~~~</u>
		<u></u>
B. If amending the registered agent and/or registered office ad	Idress on our records, enter the name o	
agent and/or the new registered office address here:	· 	
Name of New Registered Agent:		
New Provintered Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fan covided for in Chapter 605, F.S. Or, if	niliar with and this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
		□Change	
<u>-</u>			□ Add
		□Remove	
		□Add	
		□Remove	
		□Change	
			□Add
		<u> </u>	□Remove
			□Change
		□Add	
			□Remove

ıı alır	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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F.ffoct	ive date, if other than the date of filing:(optional)
(If an et Note:	fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of the date on the Department of State's records.
e recor	rd 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 iled.
Dated	July 25th, 2023.
	Signature of a member or authorized representative of a member
	GRANT B LAING Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00