L2200519645

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C/ 12/29/2022

COVER LETTER

. Division of Corporations
SUBJECT: Florida 5 Stars Pressure Washing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pablo Santiago Name of Person
Firm/Company
674 Campo Los
Davenport FL 33837 City/State and Zip Code
Floridas starpressur washing & gorail. corr E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Parblo Sartiago at (727) 307-6144 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

FILED

2022 DEC 29 AM 10: 17

Florida 5 stars Pressure Washing L.L.C TALLELLESSEE, FL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	vere filed on 12 i	2 2022	_ and assigned
Florida document number <u>L 22000519645</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil Florida 5 Star Pressure V The new name must be distinguishable and contain the words "Limited Liability".	ity company here: Vachir G y Company," the designation	on "LLC" or the abbr	eviation "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 a agent and/or the new registered office address here:	ddress on our record	s, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capac performance of my a provided for in Chapa	uuies, ana r am ji ter 605, F.S. Or,	if 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

Title	Name	Address	Type of Action
			□Add
		. □Remove	
		□Change	
			□Add
		Remove	
			□Change
			🗆 Add
			□Remove
			Change
		Remove	
			Change
		□Add	
			□Remove
			☐ Change
		□Add	
		□Remove	
			Change

. If angendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	
 -	
Note: If t	date, if other than the date of filing:
the record s cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12/29/2022
	Signature of a member of authorized representative of a member
	Patolo Santiago Typed or printed name of signee

. . .

. . . .

Filing Fee: \$25.00