## 122000527592

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

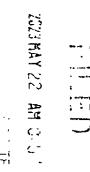
Office Use Only



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7/18/23 VIN



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

0 t ( t t t t t t t t t t t t t t t t t	stries Company LLC		
SUBJECT:	Name of Lim	ted Liability Company	
	of Amendment and fee(s) are subspondence concerning this matter	_	
	Stetson Clark		
		Name of Person	
	C4 Industries Company LL	C	
	<del></del>	Firm/Company	·-·
	3801 SE 141st Ln		
		Address	<del></del>
	Summerfield FL 34491		
		City/State and Zip Code	<del></del>
	c4industriesco@gmail.com	o be used for future annual report notif	
For further information	n concerning this matter, please ca	,	ication)
Stetson Clark	,	352 630-9462	
Name	e of Person	at () Area Code Daytime	2 Telephone Number
Enclosed is a check for	r the 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 Addi Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Con The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C4 Industreis Company LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{1}{2}$	2/16/2022 and assigned
lorida document number L22000527592	·	
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company b	nere:
tevive Softwash LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	cable:	
Principal office address MUST BE A STRE		- 64 65 62
Tincipal office dauress MOST BL A STRE	ET ADDRESS)	_1,
		2
		22
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICI</u>	<u></u>	
. If amending the registered agent and/or gent and/or the new registered office addr		records, enter the name of the new regis
Name of New Registered Agent:	Stetson Clark	
New Registered Office Address:	3801 SE 141st Ln	
	Enter Florida street address	
	Summerfield	Florida <sup>34491</sup>
	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 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
			Remove
			Change
			DAdd
			🗀 Remove
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			□Remove
			□ Change

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	·					
lote: If the c		s block does not	meet the applic	able statutory filin		onal) r filing.) Pursuant to 605.02 s date will not be listed
	ies a delayed effe	ctive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b	) The 90th day after th
d is filed.						
a to fried,						
a is med.				·		
					of a member	