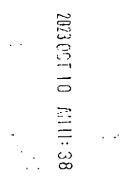
## 123000027185

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Office Use Only

of 10/20/2012

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Mint Condition Name of L	Pressure Washing, LLC Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	
	Trey Brocke	
_Mint Co	ondition Prossure washing LL	0
<u> 471</u>	4th Ave NW	
- RUK - trey. DVX E-mail addres	City/State and Zip Code  Cle Omint Condition washing. Comparing to be used for future annual report notification)	n
For further information concerning this matter, please	e call:	
TVPY BYOCKE	at (571) 527 - 6871 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 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

Mint Condition Prossum (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.)  bility Company)
The Articles of Organization for this Limited Liability Company with Florida document number $\frac{12300027185}{}$ .	rere filed on 01/12/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability"	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
You Designed Agent's Signature if shanging Designed Agent.	City 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 procept the obligations of my position as registered agent as pro-	erformance of my duties, and I am familiar with and

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>	<u>Address</u>	Type of Action
			🗆 Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
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			□ Add
			□ Remove
			□Change

(If an et Note:	tive date, if other than the date of filing:
the reco	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	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee