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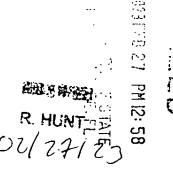
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COVER LETTER

	tration Secon of Corp					
	ERFECT S	SOFT PRESSURE WASH LL	С			
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return al	ll correspo	ndence concerning this matter	to the following:			
		AUSTIN BROWN				
			Name of Person		r~2	
		PERFECT SOFT PRESSU	JRE WASH LLC	: <u>:</u> :	123 123 123	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			:
		7112 BLACHE CT			1	6-20
			Address	٠ <u>٠٠</u> ; ٠٠٠	⊒ŭ So	į
		JACKSONVILLE, FL. 32	210	FL	PM 12: 58	•
			City/State and Zip Code			
		AUSTINB904@GMAIL.Co				
For further info	omation e	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)		
AUSTIN BRO		meering this matter, prease c	941 266-4482			
	Name of	Demon	at ()	ne Telephone Number	-	
	Name of	retson	Area Code Dayum	e retephone Number		
Enclosed is a cl	heck for th	e following amount:				
X \$ 25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of S Certificate of S Certified Copy (additional copy is	tatus &	
	ng Address stration S		<u>Street Address:</u> Registration Se	ction		
		orporations	Division of Cor			
P.O.	Box 632	7	The Centre of T			
Talla	.nassee, F	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records,)	
The Articles of Organization for this Limited Lia	bility Company were filed on JA	NUARY 24, 2023	_ and assigned
Florida document number L23000043736			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
GENTLE GIANT SOFT & POWER WASH LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the d	lesignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:	· · · · · · · · · · · · · · · · · · ·	, is
Principal office address MUST BE A STREET			ස්ත ^අ
	<u> </u>	<u>, 2</u>	J :
		, n c	3 111
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S S S S S S S S S S S S S S S S S S S	
		Li Li	8
Maning Startes Mill DE /11 OF OTTEE D			
B. If amending the registered agent and/or re agent and/or the new registered office address	here:	ecords, <u>enter the name c</u>	of the new regi
Name of New Registered Agent:	REGISTERED AGENTS INC		<u> </u>
New Registered Office Address:	7901 4TH ST N, STE 300		
	Enter Flo	rida street address	
	ST. PETERSBURG	, Florida ³³⁷⁰²)
	31. FETERSBURG	, Florida	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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			Remove
			Remove
			153
			Add To Remove
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ctive date, if other than the date of filing:	(optional)		
Hective date is listed, the date must be specific and cannot be prior to date of filing or more the High the date inserted in this block does not meet the applicable statutory filing required.	an 90 days after filing.) I uirements, this date w	∂ursuant to ⁄ill not be	5 605,020 : listed a
ment's effective date on the Department of State's records.			
acced appailing a delayed affective data, but not an affective time	at 13:01 a.m. o	n tha a	aelioe i
ecord specifies a delayed effective date, but not an effective time, e 90th day after the record is filed.	at 12.01 a.m. 0	ii tile ed	arner c
d 2/3/22. Cust A Signature of a member or authorized representative of a re			
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Signature of a member or authorized representative of a n			_

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Filing Fee: \$25.00