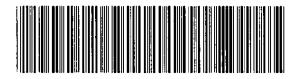
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions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





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## **COVER LETTER**

TO:

	gistration Se vision of Cor					
SUDJECT.	DAY2DAY	PRESSURE WASHING LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please returr	all correspo	ndence concerning this matter	to the following:			
		Thor Allen Day				
			Name of Person			
		DAY2DAY PRESSURE V	VASHING LLC			
			Firm/Company			
		419 castle rd				
Address Naples, Fl 34117						
		Naples, Fl 34117				
		****	City/State and Zip Code			
		dayspoolservice@gmail.cor	m ,			
		E-mail address: (	to be used for future annual report notification)			
For further i	nformation c	oncerning this matter, please c	all:			
Thor Day			to be used for future annual report notification)  all:  239 3316773  at ( )			
	Name o	f Person	at () Area Code Daytime Telephone Number			
Enclosed is	a check for th	ne following amount:	i <sup>*</sup>			
□ \$25.00 l	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)			
Re	iling Addres		Street Address: Registration Section Division of Corporations			
	O. Box 632		The Centre of Tallahassee			
Ta	llahassee. I	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAY2DAY PRESSURE WASHING LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on September 17th.2024	and assigned
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
Days Pool Service LLC		
he new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or th	e abbreviation "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)		
rading dualess MAT BEAT OFF OFFICE DOLL		
		-
3. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new registo
gent and/or the new registered office address here:		202
		2024 OCT SFORE
Name of New Registered Agent:		
New Registered Office Address:		12
New Registered Office Address.	Enter Florida street address	
	. Florida	70 60
	, Fig. ida	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 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
			🗆 Add
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	<u>.</u>			<u>.</u>			<u> </u>	
<b>Tective date, if other than the</b> an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific a ck does no	nd cannot be pr timeet the app	licable statutoi			ling.) Pursuant		
record specifies a delayed effective is filed.	date, but n	ot an effective	e time, at 12:0	a.m. on the ea	arlier of: (b)	The 90th da	y after the	
September 17th		2024	<del></del> ·					
	1	UT D						

Typed or printed name of signee