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2025 MAY -1 PH 4: 40 SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Laptano Pressure Washing + Paver Restoration UC 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:
Corie Striffler Name of Person
Firm/Company
2313 Medford Lane
Brandon, Florida 33511
Capitano pressure washing amail. Com
E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call:
City/State and Zip Code Capitan Division Washing amail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

inclosed is a check for 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 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

The Articles of Organization for this Limited Liability Company were filed on March 1 2022 and assigned

Capitand Pressure Washing + Paver Restoration ILC
(Name of the Limited Liability Company as Jt now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L23 000119531</u> .	· · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Diability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Property Services UC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3313 medford lane & & Brandon & 37911 ER & B	ĭ-:
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:		red
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	he
If Chang	nging 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
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			□Remove
			☐ Change
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			DSECR TAL
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record spec I is filed,	ifies a delayed ef	Tective date, bu	t not an effectiv	e time, at 12:01 a	a.m. on the earli	ier of: (b) Th	e 90th day al	ter the
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_	^	Signature	of a member or a	ithorized represent	ative of a membe	স		