Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000128570 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future  $_{lpha}$  annual report mailings. Enter only one email address please.\*\*

. <u>.</u>	W Email	Address
<u> </u>	ြောက် တည်းပြ	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUE REFLECTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

True Reflection LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company velocida document number L23000141048	were filed on 03/20/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Orange State Power Wash LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the	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)		
	W- 61-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	ime of the new regist
agent and/or the new registered office address here.		
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	<u></u>
		2023 A
	, Florida	Zin Code : 5
New Registered Agent's Signature, if changing Registered Agent:	- ··v	. 6
new Registered Agent's Signature, it 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 decument 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
			□Change
			□Remove
			Change
<del></del>	·		□Add
			□Remove
		error Application of the Control of	Change
		No. 1841 - 1841	□Add
		Name and the state of the state	□Remove
	N		□Add
		4	Change
		·	□Remove
			□ Change

If amendir	ig any other informa	ion, enter change(s) here: <i>(Attach addi</i> t	tional sheets, if necessary.)
<del></del>			
<del> </del>			
<del></del>			
			Through the state of the state
Note: If the	e date inserted in this bl	date of filing:	(optional) more than 90 days after filing.) Pursuant to 605 0207 (3 ing requirements, this date will not be listed as the
ne record spe ord is filed.	ecifies a delayed effectiv	date, but not an effective time, at 12:01 a.m	a, on the earlier of: (b) The 90th day after the
Dated	04/05	. 2023	
		Signature of a member or authorized representati	
•	······································	Signature of a member or authorized representati	ve of a member
		NAT SMITH	

. . .-

Filing Fee: \$25.00