## L23000171028

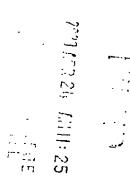
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## **COVER LETTER**

Tallahassee, FL 32314

Fluid Dyna	unics Pressure and Soft Washin	g	
	Name of Lim	ited Liability Company	-
Articles of	Amendment and fee(s) are sub-	mitted for filing.	
all correspo	ondence concerning this matter	to the following:	
	Michael D. Lott		
	<del></del>	Name of Person	
	Fluid Dynamics Pressure a	nd Soft Washing, LLC	
		Firm/Company	
	7690 Wexford Way		
		Address	797
	Port Saint Lucie, Florida 3-	4986	ن <i>ت</i>
	<del></del>	City/State and Zip Code	
			_ ;;;·
	E-mail address: (	to be used for future annual report notification)	
formation c	oncerning this matter, please ca	all:	17:00
ott		954 464-6027	1.1 01
Name o	f Person	Area Code Daytime Telephone Numl	ber
check for th	ne following amount:		
iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
istration S	Section	Street Address: Registration Section	
		Division of Corporations The Centre of Tallahassee	
	Fluid Dyna Articles of all corresponding Name of the content of th	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter  Michael D. Lott  Fluid Dynamics Pressure a  7690 Wexford Way  Port Saint Lucie, Florida 3-  FluidDynamicsPSW@gmai  E-mail address: (i)  formation concerning this matter, please cannot be supported by the following amount:  Name of Person  check for the following amount:  ling Fee  \$30.00 Filing Fee &	Fluid Dynamics Pressure and Soft Washing  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Michael D. Lott  Name of Person  Fluid Dynamics Pressure and Soft Washing, LLC  Firm/Company  7690 Wexford Way  Address  Port Saint Lucie, Florida 34986  City/State and Zip Code  FluidDynamicsPSW@gmail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  out  Name of Person  Area Code  Daytime Telephone Numl  check for the following amount:  ling Fee \$\Bigcite{3}\$ \$30.00 Filing Fee & \$\Bigcite{3}\$ \$55.00 Filing Fee & \$\Bigcite{3}\$ \$60.00 Certificate of Status  Certificate of Status  Certificate Opy  (additional copy is enclosed)  Certification Section  Sion of Corporations  Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fluid Dynamics Pressure and Soft Washing

(Name of the Limited Lia (A Flo	hility Compan orida Limited Li	y as it now appea ability Company)	ars on our records.)		_	
The Articles of Organization for this Limited Liabilit Florida document number L23000171028		were filed on _/	April 06, 2023	and	assigne	ed
This amendment is submitted to amend the following	<b>3</b> :					
A. If amending name, enter the new name of the	<u>limited liabil</u>	ity company l	<u>iere</u> :			
N/A						
The new name must be distinguishable and contain the words "	Limited Liabili	ty Company," the	designation "LI.C" or	the abbreviation	"L.L.C.	•••
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STREET AL					77 1 1	
	<del></del>				بين وحد <u>ات</u>	- 1
					C.1	•
Enter new mailing address, if applicable:		N/A			.;-* 	
(Mailing address MAY BE A POST OFFICE BOX)	)					به
				. ; ; ; ;	: 2	
				;+1	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ddress on our	records, <u>enter the</u>	name of the	new re	gistered
Name of New Registered Agent: N/	<u>'A</u>					<del></del>
New Registered Office Address:						
New Registered Office Madess.	<u></u>	Enter Fl	orida street address			
			, Floric	da		
		City	_	daZip Co	ode	
New Registered Agent's Signature, if changing Regist	tered Agent:					
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete p ed agent as p etered office	performance o rovided for in	of my duties, and . Chapter 605, F.S	l am familiar S. Or, if this a	with a locume	ınd

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

AMBR =	Authorized Member		each person being add
<u>Title</u>	Name		
MGR	Michael D. Lott	Address	
		7690 Wexford Way	Type of Action
		Port Saint Lucie, Florida 34986	■Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□ Add  □ Remove
			□Change
			——— □Add
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this becoment's effective date on the inserted in the ins	ust be specific and cannot be block does not meet the a	: prior to date of filing o applicable statutory fi	r more than 90 days afte	r filing.)Pursuant to	605.0 listed
record specifies a delayed effect is filed.	ive date, but not an effec	tive time, at 12:01 a.i	n. on the earlier of: (l	o) The 90th day a	ifter t
17 . 1	, 20	<u>23</u> .			
ated April 17					

Filing Fee: \$25.00