L23000185354

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COVER LETTER

TO:	Registration Se Division of Cor		*		٠.	•	ethya	3 49	
01/15.1	Westside B	in Services	•				4		•
SUBJE	SCT:	Name of Lim	ited Liability	Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for fil	ing.					
Please	return all correspo	ndence concerning this matter	to the follow	ing:					
		Anfernee West							
			Name	of Person			-		
		Westside Bin Services							
			Firm/C	Ompany					
	1420 Hackl Blvd								
			Ad	dress				_	
		Bartow, FL 33830							
			City/State a	ınd Zip Coc	de				
		anferncewest13@gmail.com E-mail address: (t		Cutura annu		nati Can	eiau)		
F 6				rature annu	тат тероп	mounica	tion <i>)</i>		
For fur	ther information co	oncerning this matter, please ca	ail:						
Antern	ice West		8. at (63 7	712464	7			
	Name of		ea Code	Da	vtime T	elephone	Number		
Enclose	ed is a check for th	e following amount:							
≣ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fe Ted Copy onal copy is c			(Certified	e of Status &

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

Westside Bin Service	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 4/14/23 and assigned
Florida document number L23(XX)185354	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
Revamp Power Wash LLC	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	ORESS)
•	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the new registe
gent and/or the new registered office address here:	
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 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
			□Remove
			Change
			
			□Remove
		 :	Change
	-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
			🗆 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated April 10 2024 Signature of a member or authorized representative of a member Anfernce West Typed or printed name of signee