L23000204914

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
<u> </u>	

Office Use Only



400408450894

05/15/23--01023--002 **25.00

MARY OF STATE

R. HUNT 05/15/23

COVER LETTER

Registration Section Division of Corporations

TO:

subject: <u>A&A</u>	Clearview In	Spections, Amraisa	15 & Cressure	Washing LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	Abnel A.	Figueraa Jame of Person		
		Firm/Company		
	1950 S. Bu	imby Ave Apt	2	
	Oclando,	FL 32806 City/State and Zip Code 286 amai . Cov o be used for future annual report notif		
			ication)	
For further information co	ncerning this matter, please ca	II:		
Hone H. F.	Person	at (407) 864 - Area Code Daytime	- 9384 Telephone Number	-
Enclosed is a check for the	e following amount:			
SS25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Seconic Division of Corporate Centre of T	porations	
Tallahassee, F	L 34314	Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&A Cleaniew Inspections, Appraisals & Pressure Washing LLC (Name of the Limited Clability Company as it now appears on our records.)
(A Florida Limited Clability Company)

1

	City		Zip Code
		, Florida	····
New Registered Office Address:	Enter Florida stre	eet address	
Name of New Registered Agent:			
agent and/or the new registered office address here:		<u>141</u> 1 _ 1	ပ ိ
B. If amending the registered agent and/or registered office	address on our record	mos	of the new registered
		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			on "
Enter new mailing address, if applicable:			13 13 13 15 16 17
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liabi	of the designate designated the desi	ion "LLC" or the abb	reviation "L.IC."
A. If amending name, enter the new name of the limited liab		, , , , , ,	
This amendment is submitted to amend the following:			
Florida document number <u>L 23 000 20 4914</u> .			
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/2}{2}$	25/2023	and assigned

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
			□ Add
			Remove
			□ Change
		□Add	
		□Remove	
		□Change	
		□Add	
		Remove	
		□ Change	
			□Add
			□Remove
			□ Change

). II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
(If an et <u>Note:</u>	live date, if other than the date of filing: 5/11/2023 (optional) Tective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco ecord is f	rd 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 iled.
Dated	5/10/23
	11/2-
	Signature of a member or authorized representative of a member
	Abnel A. Figue roa Typed or brinted name of signee