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COVER LETTER

TO: Registration S Division of Co			·			
SUBJECT:	Hydrotek Po	ower Wash LLC ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Cris-	tian Sosa Name of Person				
	Hydrote	K Power Wash Ll	<u>_C</u>			
	6129	5 SW 3/s4 ST Address			2024 JUH	
	Mirama	City/State and Zip Code Sosa 96 @ icloud to be used for future annual report notified.		TT Jy [†]	12 PM	
	E-mail address: (to be used for future annual report notif	Com ication)	<u>-13</u> :	2: 19	J
	concerning this matter, please c					
Cristi Name	90 Sosa of Person	at (<u>75 4</u>) <u>265</u> Area Code Daytime	920% Telephone Number			
Enclosed is a check for	the following amount:					
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hyrdrek Power wo	npany as it now appears on our reded Liability Company)	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our re- ed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 5/23/2	and assigned
Florida document number <u>L 23000 253195</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	Limited Liability lability Company," the designation "	Company BLLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	N T
Enter new mailing address, if applicable:		22. 29. 29. 29. 29. 29. 29. 29. 29. 29.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, 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 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□Remove
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Filing Fee: \$25.00