L23000270376

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





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04/18/24--01015--010 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 610601 Pressure Cleaning LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy Cook Name of Person
Firm/Company
1646 3rd C+ SW
Address VID Beach FL 32962 City/State and Zip Code + Imothy Cook 713 Degrad Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Cook at (772 205-429 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate o

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

Global Pressure Cleaning LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Imited Liability Company)	
The Articles of Organization for this Limited Liability Corforda document number L23000270376		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
the new name must be distinguishable and contain the words "Limite	Samia as 111	r the abbreviation "L.L.C."
he new name must be distinguishable and contain the words. Limite	to Elacinity Company, The Goodge	- '9
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	==
		•
Enter new mailing address, if applicable:	· Th	
Mailing address MAY BE A POST OFFICE BOX)		
graning unaress on it be a second		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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>	Name	Address	Type of Action
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n effective d te: If the o	late is listed, the date inserted	han the date (c date must be spe in this block do on the Departm	cific and ca es not mee	et the app	rior to date olicable sta	24 of filing or atutory fil	more than	90 days afti	ional) er filing.) I is date w	Pursuant to 6	505.020 isted a
nrord speci	itīes a delayed	l effective date.	but not ar	n effectiv	e time, at	12;01 а.п	i. on the e	arlier of: (b) The	90th day a	fter the

Signature of a member or authorized representative of a member