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## **COVER LETTER**

	gistration : rision of Co	Section orporations					
, SHDIECT,	STONE & KING POWERWASHING, LLC						
Name of Limited Liability Company							
The enclosed	d Articles o	of Amendment and fee(s) are submi	tted for filing.				
Please return	all corresp	pondence concerning this matter to	the following:				
		NICHOLAS STONE					
	Name of Person						
		BARRACUDA POWER WA	SHING, LLC				
			Firm/Compan	у			
		14333 COTTAGE LAKE RO	OAD				
			Address				
		JACKSONVILLE, FLORID.	A 32244				
		DWARMSTRONG@MSN.C	City/State and Zip	Code	·		
		E-mail address: (to l		nnual report noti	fication)		
For further in	nformation	concerning this matter, please call:					
	Dan	Amstrong	904 at (	2800058			
Name of Person		Area Code	e Daytim	e Telephone Number			
Enclosed is a	ı check for	the following amount:					
□ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status		➤ \$55.00 Filing Fee & Certifi ed Copy (additio	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Re Div Th 24	eet Address: gistration Sec vision of Cor e Centre of T	porations allahassee e Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

STONE & KING POWERWASHING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

7A1 1 47 The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/01/2023}{}$ Florida document number \_\_\_\_L23000294759 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BARRACUDA POWER WASHING, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 14333 COTTAGE LAKE ROAD, JACKSONVILLE, FL 3221 Enter new mailing address, if applicable: 14333 COTTAGE LAKE RD. JACKSONVILLE, FL 32224 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_\_ 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
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		<del></del>	□Remove
			Change
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		Change	
			□Remove
			□Change

Typed or printed name of signee

NICHOLAS STONE