

L23 000322815

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(City/State/Zip/Phone #)

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(Document Number)

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FEB 27 2024

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FILED  
24 FEB 13 AM 9:03  
CLERK OF COURT  
JULIA A. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SNS PRESSURE WASHING LLC**

\_\_\_\_\_  
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:

Simon Douglas

\_\_\_\_\_  
Name of Person

SNS PRESSURE WASHING LLC

\_\_\_\_\_  
Firm/Company

575 BLACKSTONE STREET

\_\_\_\_\_  
Address

MINNEOLA, FL 34715

\_\_\_\_\_  
City/State and Zip Code

shay.jodah@gmail.com: simdgl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simon Douglas

917

536-2854

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$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

**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**

SNS PRESSURE WASHING LLC

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

24 FEB 13 AM 9:02  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 7, 2023 and assigned  
Florida document number 1.23000322865

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SNS HANDYMAN SERVICES 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)

**Enter new mailing address, if applicable:**

(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*

*City*

Florida

*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 Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 2/1/2024 (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.

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Shalene Jodah-Douglas


Typed or printed name of signee

February 1, 2024

To: Florida Department of State  
From: Shalene Jodah-Douglas (Registered Agent for SNS  
PRESSURE WASHING LLC)  
Subject: Amendment to Articles of Organization of a Florida  
Limited Liability Company

Please see attached forms to amend the name of our Florida  
Limited Liability Company. My daytime number is 917-251-  
1643 and I am the registered agent.  
My return address is 575 Blackstone Street, Minneola, FL  
34715.  
Please let me know if any additional information is needed.

Best regards,

  
Shalene Jodah-Douglas