123000342415

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Rectify Pr	essure Washers LLC			
		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Clairvens Florexil			
		Name of Person		
		Firm/Company		
	3080 Van Buren Ave			
		Address		
	Naples, FL 34112			
	Chairean @authank	City/State and Zip Code		
	Clairvensm@outlook.cor E-mail address: (to be used for future annual report not	(ification)	
For further information c	oncerning this matter, please c	all:		
Clairvens Florexil		at (239) 8881484		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co		
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee, i	こし フェントサ	2413 M. WORK	ic succi, suite 810	

Tallahassee, FL 32303

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

RECTIFY PRESSURE WASHERS LLC

company has been notified in writing of this change.

ARTICLES OF C	JIGANIZATION	
О)F	20
DECTIFY DDECCUDE MACHEDO II O		NOW TEN
RECTIFY PRESSURE WASHERS LLC		// //
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	Liability Company)	records.) AHIO: and assigned;
The Articles of Organization for this Limited Liability Company	were filed on 07/19/202	and assigned
Florida document number <u>L23000342415</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CJR BROS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3823 Tamiami Trail E	ast Unit #187 Naples, FL 34112
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3080 Van Buren Ave	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<u>-</u> -	
	Enter Florida street address	
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete	ee to act in this capacit	y. I further agree to comply with th

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan Florexil	3080 Van Buren Ave Naples, FL 34112	≣ Add
			□Remove
			□Change
AMBR Robens Florexil	Robens Florexil	3080 Van Buren Ave Naples, FL 34112	= Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. B. a. saga	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
the recordis fi	d 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 led.
Dated	Saturday November 13 2023
	(House of the second s
	Signature of a member or authorized representative of a member
	Clairvens Florexil
	Typed or printed name of signee