| (Requestor's Name) |
|---|
| (Address) |
| . (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Susiness Entry Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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| Jana Primort |
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FALLAHASSEE, FLORID,

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COVER LETTER

Registration Section

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

| Division of Corpora | tions | | | |
|----------------------------------|---|--|-------------------------------|---|
| SUBJECT: Tap 2 L | Attorn detailing, | Pressure Waghi d Liability Company | ng Robarn S | mile LLC |
| The enclosed Articles of Amer | ndment and fee(s) are subm | itted for filing. | | |
| Please return all corresponden | ce concerning this matter to | the following: | | |
| | Lichael Jergen | Name of Person | Martin | |
| <u>-</u> | Top 2 bottom | De-leading : Pre- Firm/Company | gove washing | and lawn service |
| 2 | 721 Peachtre | drive Talla, | FL 32364 | <u> </u> |
| _ | 7 | alla, FZ 3' City/State and Zip Coo | 7 > 6 <u> </u> | |
| _ | TAP deta ling 200 E-mail address: (10 | 74 OGMail. Co be used for future annu | al report notification) | |
| For further information concer | | | | |
| Michael Jerger Name of Person | חט | at (<u>Ø50</u>) Area Code | 318 - 1478 Daytime Telepho | one Number |
| Enclosed is a check for the fol | | | | |
| ☐ \$25.00 Filing Fee ☐ | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fe Certified Copy (additional copy is | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street | Address: | |

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top 2 Bottom Defalining Presure Washing and Laun Care
(Name of the Limited Llability Company)

(A Florida Lymited Liability Company)

| The Articles of Organization for this Limited Liability Company | y were filed on | and assigned |
|---|--|-------------------------|
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| Top 2 kettory detailing, presure The new name must be distinguishable and contain the words "Limited Liab | With ing and Laun Servic- | oreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 |
| (Principal office address MUST BE A STREET ADDRESS) | | ·- <u>-</u> , |
| | | <u>~~</u> . |
| Enter new mailing address, if applicable: | | A. |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u>(1)</u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name | e of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , 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 = M | anager | | |
|----------|------------------|--|--|
| AMBR = A | uthorized Member | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Note: | ve date, if other than the date of filing: (optional) ctive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| the record | 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 ed. |
| Dated ₋ | 4/18/24 Apr. 18 2024 |
| | 4/1/2/ // |
| | |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00