## L23000460861

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## **COVER LETTER**

TO: Registration Section Division of Corpo			•
SUBJECT: UNI	IVERSAL SO	oft Wash and Pre	ssure washing LC
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Just	in M. Vega	
	UNIVERSA	L Soft Wash and .	Pressure. Linding LC.
	27738 Ve	Ja Ave.	
	Paisley	Address  FL 32767  City/State and Zip Code  A9909ma7, Com  to be used for future annual report notifi	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City/State and Zip Code	<del></del>
	Vegabon E-mailwaldress: (	d99 (29 mai), Com to be used for fature annual report notif	tication)
For further information con-	cerning this matter, please ca	all:	
Justin m.	Vega	at (315) 877 Area Code Daytime	-2756
Name of Pe	erson	Area Code Daytime	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sec Division of Cor		<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL SOFF W		hily LLC.
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del> _
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 23000 460 861</u> .	were filed on $10/05/23$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil UNIVERSAL SOFF Wash and Pr	ressure Wash LLC.	
The new name must be distinguishable and contain the words "Limited Liabilit	-	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	No Change N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No Change N/A	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Add
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne record ord is file	I 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 _	10/16/23
	Histor Vega
	Signature of a member of a member Superior Signature of a member of Signature of Signa
	Typed or printed name of signee

Filing Fee: \$25.00