L23000464473

(Red	uestor's Name)	
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10/18/23--01010--005 **25.00

COVER LETTER

TO:

Registration Section

Division of Cor	porations	•		
Hydro Soft	Wash LEC			
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	Richard Grant Davis			
	Hydro SoftWash LLC	Name of Person		
	121 1037 133	Firm/Company		
	12148 Winstead Rd.			
	Jacksonville,FL 32220	Address		
	hydrosoftwash1999@gmail			
		to be used for future annual report no	tification)	
	oncerning this matter, please c			
Richard Grant Davis		904 626-6160		
Name o	f Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address:	action	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF ANL. TO ARTICLES OF ORGANIZATION COLUMN (1)

Hydro SoftWash LLC

company has been notified in writing of this change.

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

		4.
The Articles of Organization for this Limited Liability Comp	pany were filed on 10-9-2023	and assigned
Florida document number L23000464473		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	 .
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If any adding the market of the state of	F	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, eni	er the name of the new regis
Name of New Registered Agent:		
Nov. Pagistared Office Address:		
New Registered Office Address:	Enter Florida street ada	tress
New Registered Office Address:		lress Florida Zip Code

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

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>	<u>Address</u>	Type of Action
MGR	Richard Grant Davis	12148 Winstead Rd. Jacksonville,FL 32220	X Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If 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 record is filed.
Dated OCT 16 2023. What Dark Dark
Signature of a member or authorized representative of a member
KICHARD GRANT DAVIS Typed or printed name of signee