L23000471402

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
	_	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_ Octanoates	Ci Ciaids
Special Instructions to	Filing Officer.	
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Office Use Only



10/31/28--01021--013 **25.0n

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
C. T. (4.3. 4.4.) (C.)(4.)	PRESSURE WASHING		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHAHEEN BUTT		
		Name of Person	
	RONIN PRESSURE WAS	SHING	
		Firm/Company	<u>.</u>
	984 NW 127TH AVE		
		Address	
	CORAL SPRINGS, FL 33	071	~->
	*	City/State and Zip Code	
	SHAHEEN1951@GMAIL.		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	ication)
SHAREEN BUTT		786 777-8429	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	.•
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 631		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RONNIN PRESSURE WASHING, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compan	iv as it now appears on our reco	ords.)
(A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 10/12/2023	and assigned
Florida document number L23000471402		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
RONIN PRESSURE WASHING, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
		3
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 N
B. If amending the registered agent and/or registered office a	ddress on our records, <u>ent</u>	er the name of the new register
agent and/or the new registered office address here:		וט
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		FloridaZip Code
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p.	performance of my duties.	and I am familiar with and

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
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□ Change
			Add
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			FlChange

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e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 9 the date inserted in this block does not meet the applicable statutory filing require it's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be lis
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl.	rlier of: (b) The 90th day aft
Rayling Butt Signature of a member or authorized representative of a mem	

Filing Fee: \$25.00