L23000511082

(shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANTMAN PRESSURE WASHING LLC

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: ANTMA	ÀN PRESSURE WA	SHING LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		_	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	Firm/Company 17350 STATE HWY 249 #220 Address HOUSTON TX 77064 City/State and Zip Code FILE1234@INCFILE.COM F-mail address: (to be used for future annual report polification) ruing this matter, please call: at (
		Address	<u> </u>
	HOUSTON TX 77064		
		City/State and Zip Code	
	F-mail address; (to be used for future annual report no	olification)
for further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		at ()	
Name o	f Person	Atea Code Dayt	ime Telephone Number
Enclosed is a check for the	he 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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ANTMAN PRESSURE WASHING LLC

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

The Articles of Organization for this Limited Liability Company	were filed on	11/10/2023	and assigned
Florida document number L23000511082			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company he	re:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	3702 W. Spruce St. #1713		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33607		
Enter new mailing address, if applicable:	3702 W. S	Spruce St. #171	13
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, T	L 33007	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our re	cords, <u>enter the name</u>	of the new registered
New Registered Office Address:		·•) P:
•	Enter Flori	da street address	•••• •••
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			<u> </u>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this c	apacity. I further agr	ee toscomply with the

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: (((H23000396629 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
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the record sp cord is filed.	pecifies a delayed effective date.	but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day at	ter the
Dated N	lovember 16	2023	. 0		
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Typed or printed name of signee