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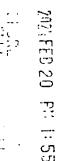
(Ri	equestor's Name)
(Ac	ddress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		





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COVER LETTER

	ision of Cor			•	
SUBJECT:	East Coast	Post Construction LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Anticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Jason Dymond			
		·	Name of Person		
		Performance Cleaners LLC	•		
			Firm/Company		_
		1872 Longleaf Rd			. 22
			Address		20°% FEB
		Cocoa, Fl 32926			EB 2
			City/State and Zip Code		
		jad1201@yahoo.com			13
		E-mail address: (to be used for future annual repo	ort notification)	
For further i	nformation c	oncerning this matter, please c	all:		i c
Jason Dymo	nd		321 747-85		
	Name o	f Person	Area Code I	Daytime Telephone Numb	er
Enclosed is a	check for ti	he following amount:			
≡ \$25,00 f	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)
	iling Addres		Street Addr		
	gistration S	Section 'orporations	Registratio	n Section f Corporations	
	D. Box 632			of Tallahassee	
Ta	llahassee, l	FL 32314	2415 N. M	lonroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	v appears on our records.) upany)
The Articles of Organization for this Limited Liability Company were filed	on 12/06/2023 and assigned
Florida document number L23000541491	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
Performance Cleaners LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	c 73
(Principal office address MUST BE A STREET ADDRESS)	_S
	;; O
Enter new mailing address, if applicable:	·: <u>:</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	o
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
61	
City	

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 :	Lorent 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>	Name	Address	Type of Action
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			□Remove
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f ective dat n offective da	e, if other than ite is listed, the date	the date of fi must be specific	ling: and cannot be pr	ior to date of filing	g or more than 90 da	(optional) ys after filing.)	Pursuant to	a 605,020
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is filed.	ics a delayed eric	enve date, im	not an eneem	c ((())c, at (2,0)	a.m. on the carrie	101. (0) 11	c zoni day	uner an
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Typed or printed name of signee