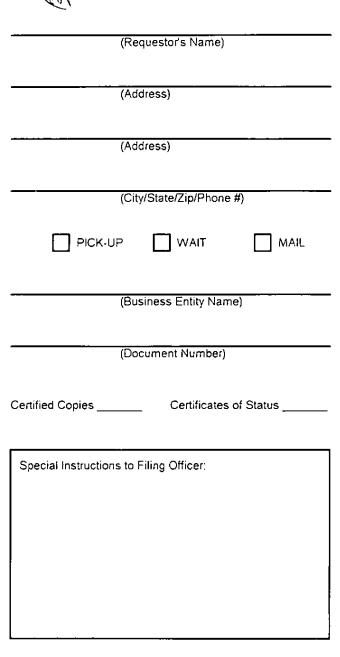
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COVER LETTER

| TO: Registration Section Division of Corporatio | ns | | |
|--|---|---|--|
| subject: <u>Precisio</u> | n wash pr | ios, LLC | |
| | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articles of Amendi | nent and fee(s) are subn | nitted for filing. | |
| Please return all correspondence | concerning this matter t | to the following: | |
| | Jacob A. | Stinson Name of Person | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 10715 100 | ora Dr. Jackson b. | He S |
| | | Address | |
| | Jackson !! | Ve, Flori Ja 3221. City/State and Zip Code | 8 |
| | | | |
| | Jacob Strinson | o be used for future annual report notific | estion |
| For further information concernic | | | auton, |
| Jacob Stinson | | at (904) 258- | 4685 |
| Name of Person | | at (<u>904</u>) <u>258-</u> Area Code Daytime | Telephone Number |
| Enclosed is a check for the follow | ving amount: | | |
| | 80,00 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 Address: Registration Section | | Street Address: Registration Sect | ion |

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

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

Precision wash Pros, LLC

| (Name of the Limited Lia (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | |
|---|--|-----------------------------|
| The Articles of Organization for this Limited Liabilit | ty Company were filed on | and assigned |
| Florida document number | · | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| Blue Shades, LLC The new name must be distinguishable and contain the words | | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" of | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10715 Leara Dr | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL | DDRESS) Jacksonville, Fl | 32218 AZ |
| Enter new mailing address, if applicable: | 10715 Leora Dr Jacksonville, Fl | PR ST |
| (Mailing address MAY BE A POST OFFICE BOX | Jacksonville, Fl | 322/1R 5 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: | ered office address on our records, enter the re: Sacob A. Stinson O 715 Leora Dr. Enter Florida street address Jacksony. He., Florida | |
| | Enter Florida street address | |
| | Dackson. // e , Florid | da <u>32218</u> |
| | CHy | 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.

Whanging 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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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: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 January 22 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00