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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp		
SUBJECT: RES-	@ Power Wash, LLC	
Sommer:	Name of Limited Liability Company	
The enclosed Articles of a	mendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	Algyn Alonso	
	Algyn Alonso Name of Person Res-O Power Wash, LLC. Firm/Company	
	14984 SW 32 TERR	
		ı
		-{}
	Miam, FL, 33185	;;; [~]
	Miami, FL, 33185 City/State and Zip Code (esq power wash @ g Mail. Com Th-mail address: (to be used for future annual report notification)	
For further information co	ncerning this matter, please call:	
Alayn A	Person at (395) 904 - 6135 Area Code Daytime Telephone Number	
Name of	zerson Area Code Daytime Telephone Number	
Enclosed is a check for th	following amount:	
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632	rection Registration Section rporations Division of Corporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark	, L	LC						
Liability Comp Florida Limited	any as it Liability	now appo Company	ars on our red	cords.)				
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he limited lial	oility co	mpany	<u>here</u> :					
					•			
ds "Limited Liab			-		bbreviation "	L.L.C."		
Enter new principal offices address, if applicable:		34 5	in 32 Ti	E&P-				
(Principal office address MUST BE A STREET ADDRESS)			Miami, FL, 33185					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			14984 SW 32 TERR Migmi, FL, 33185					
here:				TALL.	ne of the n	ew registere		
Alaya	410	V20			24			
14984	5.4	32	TERK	, , , ,	P II			
				;.	38182			
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New Registered Agent's Signature, if changing Registered Agent:

Δ

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 Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add manager

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address MGR Alayn Alonso Type of Action MGR Michael Benjamin Corting **©**Change SW 99 Court BAdd __ □Remove □Change □Change _ □Remove __ □Remove _ □Change _ □Add ------ Remove

if n	ecessary.)
tor change(s) here: (Attach additional sheets, 9	
amending any other information, enter change(s) here: (Attach additional sheets, if n	
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	(optional) (optional) Street Pursuant to 605.0207 (3)(b)
the date of filing: the prior to date of filing or more	e than 90 days after filling.) I all not be listed as the requirements, this date will not be listed as the
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than effective date in this block does not meet the applicable statutory filing of the document's effective date on the Department of State's records.	•
(If an effective date is listed, the date must be specified. Note: If the date inserted in this block does not meet the approach. Note: If the date inserted in the Department of State's records. Note: State is records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the record is filed.	on the earlier of: (b) The 90th day after the
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If the record specifies a delayed correction is filed.	
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Filing Fee: \$25.00