(Requestor's Name)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024 MAR 20 AM 8: 58

FILED AM 8

COVER LETTER

	tration Section on of Corporations
SURIFCT:	CJ PRIME SOLUTIONS LLC
Division of Corporations SUBJECT: CJ PRIME SOLUTIONS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CORY CHARTIE12 Name of Person CJ PRIME SOLUTIONS LLC Firm/Company 3229 SAINT CROIX LANE Address CLERMONT FLORIDA 34711 City/State and Zip Code CC HARTIER84@CMATL.Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CORY CHARTIER Name of Person Area Code Daytime Telephone Number	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	CORY CHARTIER
	Name of Person
	CJ PRIME SOLUTIONS LLC
	Firm/Company
	3229 SAINT CROIX LANE
	Address
	CLERMONT FLURIDA 34711
	. ,
	CCHARTIER84@CMATL.Com Employed for figure annual providention)
For further in	ormation concerning this matter, please call:
Co	RY CHARTIER at (352) 989-7993
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	heck for the following amount:
□ \$25.00 Fi	ing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

511

	_		1024 MAD LED
CJ PRIME SOU	LUTIONS	LLC	SECON AM 8: 58
(Name of the Limited Liability C (A Florida Lir	Company as it now appenited Liability Company	ars on our records.	7 %·58
The Articles of Organization for this Limited Liability Com	pany were filed on _	4/26/20	and assigned
Florida document number <u>L24000096640</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company l	nere:	
HYDRO TECH PRESSO The new name must be distinguishable and contain the words "Limited	RE WASHIN	4 LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	\underline{s}	- NO CHA	NGE
	 		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	NA	- NO CHA	NGE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our	records, <u>enter tl</u>	ne name of the new registered
agent and/or the new registered office address neve.			
Name of New Registered Agent:	N/A - NO	CHANGE	
New Registered Office Address:			
Test registered office radices.	Enter FI	orida street address	
		, Flor	rida
	City		ida 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.

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
		MA W CHANGE	□Add
			□ Remove
			□Change
			□Add
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			Remove
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Page 2 of 3

	NA NO CHANGE	
<u> </u>		
 .		
an effective date is listed, the ote: If the date inserted	han the date of filing:	0207 (d as 1
e record specifies a The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlied the record is filed.	r of
ated MARCH	13/1/2024	

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