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COVER LETTER

Division of Cor			
SUBJECT: JTS	Pressure Washing Name of Lig	id Liability Company	andyman Services UC
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN H	2 Toop JR. Name of Person	
	ITS Prequie	Jashing Lawn Can	e, & Hosuly Mon Services LLC
	18116 A	Krow Treat	
		Address SEL. 3204 City/State and Zip Code	
		City/State and Zip Code	
	John to	dd 95 (D) ho may l to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all:	
John A Name o	Toop Jr.	at (904) Daytime	-3097 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 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 S		Street Address: Registration Sect	tion
Division of C	orporations	Division of Corp	orations
P.O. Box 632 Tallahassee, 1		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	F.
575 Pressure Washing	LAWN CARE, & Handy non Beringes UC
(A Florida Limit	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on 3-12-2024 and assigned.
Florida document number <u>L24000123427</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
NA	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	MA
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
P. If amonding the registered egent and/or registered off	ice address on our records, enter the name of the new registered
agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
	. / .
Name of New Registered Agent:	/M
New Registered Office Address:	1A
4	Enter Florida street address
_ <i>\(\lambda\)</i>	Florida V/14
·	City 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

horized Member		
Name	Address	Type of Action
John A. Towo JR.	18116 AKron Trail Hilliard	K - Add 3204
		□Remove
John A. TOUD SR.	18116 Akron Trail Hilliard Fl.	32016 □Add
		□Remove
		□Change
		□Add
		□Remove
	<u> </u>	□Change
		□Add
		□Remove
		□Change
		🗀 Add
		□Remove
		□Change
		□Add
		□Remove
	Name John A. Town JR.	

□ Change

		NA
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