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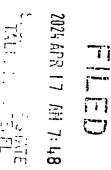
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	i	
O I	0 2		
SUBJECT: <u>Polo</u>	Pressure Was	thing & Laur Car	re L.C.C
	Name of Limi	ted Erability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Marco J	enkins Name of Person	
	Polo Pressur	e Washing/ Law Firm/Company	care LLC
	481 Emer	rald Rd Address	<u></u>
	Ocala/1	City/State and Zip Code	
	marcajenk E-mailaddress: (1	ins 1986 @ icloud to be used for future annual report not	d.com ification)
For further information c	oncerning this matter, please ca	all:	
Marco Name o	Jenkins f Person	at (727) 729 Area Code Daytin	-1519 ne Telephone Number
Enclosed is a check for the	_		
☑ \$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 Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration So Division of Co The Centre of	rporations Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Polo Pressure Way	shing/Lau	ncare LL	<u> </u>	<i>i a</i>
(Name of the Limited	Liahility Company Florida Limited Liah	<u>as it now appears o</u> pility Company)	on our records.)	17 and assigned
			2024 APR	17 .
The Articles of Organization for this Limited Liab	oility Company we	ere filed on <u>03</u>	3/13 <i>12</i> /4 <u>"</u>	and,assigned
Florida document number <u>L24600/269</u>	<u> 95</u> .		7. m. 14. júl	₹ 0
This amendment is submitted to amend the follow	ring:			TEMATE
A. If amending name, enter the new name of t	he limited liabilit	y company here	::	
N//A				
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the desi	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
	_			
Enter new mailing address, if applicable:	_	·		
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> .			
B. If amending the registered agent and/or reg		dress on our rec	ords, <u>enter the name</u>	of the new registered
agent and/or the new registered office address	here: N/A	-		
	7 " / .			
Name of New Registered Agent:				
New Registered Office Address:		- <u>-</u>		**************************************
		Enter Florid	a street address	
			, Florida	
		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 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>	<u>Address</u>	Type of Action
<u>AP</u>	Marco Jenkins	481 Emerald Rd	MJ Add not remove
AP_	Leanna Velez	481 Emerald Rd	□Change □Add □Remove
<u>MG</u> R	Leanna Velez	481 Emerald Rd	□Change
			□Remove
			□ Add
-			□ Change
			□ Remove
			□ Add □ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	N/A
-	
=	
-	
•	
•	
•	
Effect	tive date, if other than the date of filing:
(If an ef Note:	Feetive date, it other than the date of filing
he reco ord is f	rd 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 iled.
Dated	03/27/24 March 27. 2004. Marco Vinkins Signature of a member or authorized representative of a member
	Maria
	Signature of a member or authorized representative of a member
	Marco Jenkins Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00