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(((H25000018412 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STONEGATE PROPERTY SERVICES LLC

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Page: 2 of 5

2025-01-16 11:15:30 UTC+14

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

STONEGATE PROPERTY SERVICES ELC

SUBJECT:

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:

| | Diego Cruz | | | |
|---------------------------|---|---|--|--|
| | | Name of Person | | |
| | ZenBusiness INC | | | |
| | | Firm/Company | . | |
| | 336 E. College Ave Suite | | | |
| | | Address | | |
| | Tallahussee, FL 32301 | | | |
| | | City/State and Zip Code | | |
| | fulfillment@zenhusiness.com | | | |
| | E-mail address: (| to be used for future annual report i | otification) | |
| For further information c | concerning this matter, please c | all: | | |
| c/o ZenHusiness INC | | 844 493-6249 | | |
| Name 6 | r Person | Area Code Day | time Telephone Number | |
| Enclosed is a check for (| he following amount: | | | |
| ■ \$25.00 Fiting 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 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

Tallahassee, FL 32303

To:

Page: 3 of 5

2025-01-16 11:15:30 UTC+14 18506176383 ARTICLES OF AMENDMENT TO

From: ZenBusiness User H25000018412 3

ARTICLES OF ORGANIZATION OF

| STONEGATE PROPERTY SERVICES | LLC |
|---|--|
| (<u>Name of the Limited Li</u> (A Fi | ability Company as it now appears on our records.) orida Limited Liability Company) |
| The Articles of Organization for this Limited Liabili Florida document number 1.24000133080 | ty Company were filed on 2024-03-18 and assigned and assigned |
| This amendment is submitted to amend the following | g: |
| A. If amending name, enter the new name of the | limited liability company here: |
| Hydroclean Driveways and Sidewalks LLC | |
| The new name must be distinguishable and contain the words | 'Elimited 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 AL | ODRESS) |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | 2 |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he | ered office address on our records, enter the name of the new registered re: |
| Name of New Registered Agent: | |
| New Registered Office Address: | 5 1 |
| (NCN-ACEIRCLES AND ACES). | Enter Florida street address |
| | Florida |
| _ | City |
| New Registered Agent's Signature, if changing Regis | tered Agent: |
| provisions of all statutes relative to the proper at accept the obligations of my position as registere | ent and agree to act in this capacity. I further agree to comply with the id complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address. I hereby confirm that the limited liability age. |

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|-----------------|--------------------|---|----------------|
| AMBR | TORRES, JENNIFER N | 6401 N CAMERON AVE TAMPA, FL 33614 | C!Add |
| | | | Remove |
| | | | □ Change |
| AMBR | Tennifer M Torres | 4522 W. Village Dr. 1318 Tampa, Pt. 33624 | 置Add |
| | | | □ Remove |
| | | | Change |
| AMBR Carlos A T | Carlos A Torres | 4522 W. Village Dr. 1318 Tampa, FL 33624 | ■Λdd |
| | | | □ Remove |
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To:

Typed or printed name of signee

Signature of a member or authorized representative of a member

/s/ Jennifer M Torres

Jennifer M. Torres