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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
0.110.110.00		ASH PRESSURE WASH LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		<u>.</u>	r V	
		BEATRIZ RODRIGUEZ		
			Name of Person	
		BEAMARINA CONSULT	TING INC.	
			Firm/Company	
		6623 SIMMS ST		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  ess: on Section f Corporations
			Address	
		HOLLYWOOD FL 33024		
			City/State and Zip Code	
		BEATRIZ@BEAMARINA  E-mail address: ()	CONSULTING.COM to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca		
	RODRIGUEZ	•	954 684-3946	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fec	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	iling Addres		Street Address:	
	gistration S vision of C	Section orporations	Registration Se Division of Co	
	D. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARD2WASH PRESSURE WASH LEC (Name of the Limited Liability Compa	ny as it now appears on o	ur records.)	<del></del>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on04/11/20	)24	_ and assigned
lorida document number L24000172182			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	202
			F-1 1004
nter new mailing address, if applicable:		3.4	ω ! _ mi
Mailing address MAY BE A POST OFFICE BOX)			3
Maning address MAT BE A FOST OF FICE BOX			<del>. က်</del>
		17.	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name o	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
	City	, Florida	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
AMBR	TIMOTHY MARCH	1051 ATKINSON AVE.	□Add
		FT. LAUDERDALE FL 33312	■ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		<u> </u>	Remove
			□Change
			□Add
			Remove
			□Change
<del></del>			□Add
			Remove
			□ Change
			□Add
			Remove
			∏Change

Effective date, if other than the date of filing:  [If an effective date, it is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The 90th day after the reliable of the statutory					<del> </del>
Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0267.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records.  The record 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 rd is filed.  Dated  MAY 29  2024  Signature of a member or authorized representative of a member					
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Typed or printed name of signed		Tuned or or	ated name of simes		