## L24000237111

(Requestor's Name)
(Address)
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(Modicsa)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co			
CHBIECT	PRESSURE WASHEING LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The medical Actions	f Amendment and fee(s) are sub	unional Co- Glina	
	ondence concerning this matter	_	
r rease return an extreap	ordenee concerning this matter	to the following.	
	GARVENS MUSAC		
		Name of Person	
	MUSAC PRESSURE WA	SHEING LLC	
		Firm/Company	
	1741 PILCHARD DR		
	-	Address	
	POINCIANA, FL 34759		
		City/State and Zip Code	<del>,        </del>
	GARVENS.MUSAC88@G	MAIL.COM to be used for future annual re	port notification)
For further information	concerning this matter, please e		,
GARVENS MUSAC		407 246- at ()	4458
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addre		Street Add	
Registration Division of 0			ion Section of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Section 1886

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSAC PRESSURE WASHEING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/22/2024}{1}$ \_\_\_\_\_ and assigned Florida document number 1.24000237111 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_\_

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
MGR	GARVENS MUSAC	1741 PILCHARD DR	■Add
		POINCIANA, FL 34759	□Remove
			Change
			□Add
		<del>-</del>	□Remove
			□ Change
			□Remove
			Change
			□Remove
		<del></del>	□Change
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fectiv	re date, if other than the date of filing: (optional)	
an effec ote:   I	ctive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	020 d a
cume	nt's effective date on the Department of State's records.	
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
is file	d.	
J	UNE 05 2024	
ated _	UNE 05 2024 7	
	. //LF	
	/\ // <b>/</b> /	
	Signature of a member or authorized representative of a member	
	Signal of a member or authorized representative of a member GARVENS MUSAC	

Filing Fee: \$25.00