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(R	equestor's Name)	
A)	ddress)	
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COVER LETTER

All Florida	Power Washing & Window Cle	eaning	
ECT:	Name of Lim	ited Liability Company	
		-	
return all correspo	ondence concerning this matter	to the following:	
	Carrie Cazares		
		Name of Person	<u></u>
	All Florida Power Washing	g & Window Cleaning	
		Firm/Company	
	1371 SE Buckingham Ter		
		Address	
	Port Saint Lucie, FL 34952		
	allfloridacleaning772@gma	City/State and Zip Code it.com	
	E-mail address: (to be used for future annual report notif	fication)
ther information o	concerning this matter, please ca	all:	
Cazares		772 292-5374	
Name o	of Person	at () Area Code Daytime	e Telephone Number
ed is a check for t	he following amount:		
5.00 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)
	Division of Cot All Florida CCT: closed Articles of return all correspondence of Cazares Name of Cazares	Name of Lim Closed Articles of Amendment and fee(s) are subsection all correspondence concerning this matter Carrie Cazares All Florida Power Washing 1371 SE Buckingham Ter Port Saint Lucie, FL 34952 allfloridacleaning772@gma E-mail address: (ther information concerning this matter, please c Cazares Name of Person	All Florida Power Washing & Window Cleaning CCT: Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Carrie Cazares Name of Person All Florida Power Washing & Window Cleaning Firm/Company 1371 SE Buckingham Ter Address Port Saint Lucie, FL 34952 City/State and Zip Code allfloridacleaning772@gmail.com E-mail address: (to be used for future annual report notified their information concerning this matter, please call: Cazares 772 292-5374 at () Name of Person Area Code Daytime Ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Florida Power Washing & Win	dow Cleaning	
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I Florida document number	Liability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	e 1
		<u> </u>
		, ·
Inter new mailing address, if applicable:	_ · ·	
Mailing address MAY BE A POST OFFICE		
		<u> </u>
		<u>ش</u>
3. If amending the registered agent and/or gent and/or the new registered office addr		ecords, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Randy Green Jr	
New Registered Office Address:	1371 SE Buckingham Ter	
New Registered Office Address.	Enter Flor	ida street address
	Port Saint Lucie	, Florida 34952
	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, 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 Carrie Cazares	Carrie Cazares	1371 SE Buckingham Ter	XAdd
		Port Saint Lucie, FL 34952	
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			
			□Change
			🗀 Add
			Remove
			□Change

If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
If an effective date is listence Note: If the date inse	ther than the date of filing:
erecord specifies a de d is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
06/19	2024
Dated	
	(who (h mus
	Signature of a member or authorized representative of a member
	Carrie Cazares
	Typed or printed name of signee