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COVER LETTER

TO: I	Registration Solvision of Co	ection rporations			
SUBJEC	GAINESV	ILLE PRESSURE WASH, LL	С		
JODGEC	*	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		BRUNSON, JEFFERY			
			Name of Person	·	
		GAINESVILLE PRESSUI	RE WASH ; LLC		
			Firm/Company		
		14918 SW SR 45			
			Address		
		ARCHER, FL 32618			
			City/State and Zip Code	<u> </u>	
		JEFF@GNVPRESSUREW			
			o be used for future annual	report notification)	
For further	information c	oncerning this matter, please ca	ill:		
BRUNSO	N, JEFFERY		352 283	3-1907	
	Name of	f Person	Area Code	Daytime Teleph	one Number
Enclosed is	s a check for th	e following amount:			
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	-	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re D P.	ailing Address egistration S ivision of Co O. Box 632 allahassee, F	ection orporations 7	Divisior The Cen	idress: ition Section it of Corporation itre of Tallahas Monroe Stree	ssee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Gainesville Hess</u>	ure wash, LLC	
(A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>as.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/25/2024	and assigned
lorida document number L24000287211		•
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted lighility company here:	
GAINESVILLE PRESSURE WASHING, LLC	ted natinky company nere.	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLt	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		=======================================
Principal office address MUST BE A STREET ADDR	(ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	 	
If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street addre	ss.
		lorida
	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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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lectiv	ive date, if other than the date of filing: [10/31/2024] (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur If the date inserted in this block does not meet the applicable statutory filing requirements, this date will tent's effective date on the Department of State's records.	rsuant to 605.0207 I not be listed as
cume	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 led.	oth day after the
cume ecord is file	OCTOBER 31 2024	Oth day after the
cume ecord is file	OCTOBER 31 . 2024	Oth day after the
cume ecord is file	OCTOBER 31 2024	Oth day after the

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Filing Fee: \$25.00

COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO: Registration : Division of Co			
GAINES' SUBJECT:	VILLE PRESSURE WASH, LL	С	
JUDULCI.	Name of Lin	nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	BRUNSON, JEFFERY		
		Name of Person	
	GAINESVILLE PRESSUI	RE WASH; LLC	
		Firm/Company	
	14918 SW SR 45		
		Address	
	ARCHER, FL 32618		
		City/State and Zip Code	
	JEFF@GNVPRESSUREW		
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please ea	all;	
BRUNSON, JEFFERY		352 283-1907	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$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 Addre Registration Division of (Section	Street Address: Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gainesville H.	essure wash, LLC	
(Name of the Limited E (A F	iability Company as it now appears on our florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L24000287211	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
GAINESVILLE PRESSURE WASHING, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis		enter the name of the new registered
agent and/or the new registered office address he	<u>ere</u> :	
Name of Nam Projectors 4 Agents		
Name of New Registered Agent:		
New Registered Office Address:	P. Cl. /	
	Enter Florida stree	t address
_		. Florida Zip Code
	Ciţy	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
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
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<u>Note:</u> If the	ne date inserted	than the date of e date must be speci in this block doe on the Departme	s not meet t	he applicable	ate of filing or e statutory fili	more than 90 da ng requiremen	(optional) ys after filing.) ats. this date v	Pursuant to 605.02 will not be listed :
record sp d is filed.	ecifies a delayed	d effective date, l	out not an ef	fective time.	at 12:01 a.m	. on the earlie	r of: (b) The	90th day after th
oc.	TOBER 31		200	24		7		
Dated				1	IV			
Dated				()	17	<u> </u>	_	
Dated		Signatu	re of a memb	er or pathorize	ed representativ	re of a member		

Filing Fee: \$25.00