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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	rporations				
CHD ILCT.	Lighthouse	Cay LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing			
			-			
Please return	i ali correspo	ondence concerning this matter	to the following:			
		Julian Munroe				
			Name of Person			
		Splash of Sunshine Pressu	re Washing			
			Firm/Company			
		19046 Bruce B Downs Bly	vd, Ste B6 #755			
			Address			
		Tampa, FL, 33647				
			City/State and Zip Code			
		sospressureclean@gmail.co				
		E-mail address: (to be used for future annual report	t notification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Julian Munro	oe		813 4313208 at ()	8		
,	Name o	f Person		nytime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	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)		
	ling Addres		Street Addres			
Registration Section Division of Corporations			Registration Division of			
P.O. Box 6327			Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r	ecords.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on <u>07/01/2024</u>		and assigned
Florida document number L24000295087			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Splash of Sunshine Pressure Washing LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		:	67
			G III
			~
Enter new mailing address, if applicable:		39 <u>(n</u>	
Mailing address MAY BE A POST OFFICE BOX)		SE.	A -
<u> </u>		TO E	
			-
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name	e of the new regist
Name of New Registered Agent:		•	_
New Registered Office Address:			
-	Enter Florida street a	ddress	
		_, Florida	
	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 =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		·····	Change
			□Add
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Effective date, if other than the fan effective date is listed, the date mote: If the date inserted in this document's effective date on the	block does not i	meet the appli	cable statutor	ng or more than o	(option 90 days after fil ements, this d	al) ling.) Pursuant to (late will not be l	605.0207 isted as t
e record specifies a delayed effect d is filed.	ive date, but no	t an effective	time, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day a	fter the
Dated		, 2024	·				
100							
GIVImu	Signatura of	mamber or co	horizad concess	ntativa of a	nhor		
GMInu	Signature of a	member or aut	horized represer	ntative of a men	nber		

Filing Fee: \$25.00