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### **COVER LETTER**

TO:		ation Sect t of Corp								
SUBJI	ECT:	Mic	hael	Gula Name of	P	ower Wash ed Liability Company	Ning .	LLC		
The en	closed Art	icles of A	mendment	and fee(s) are	subm	nitted for filing.				
Please	return all	correspon	dence conc	erning this mat	ter to	o the following:				
					Mi	Chael Name of Person	G	1/c		
						Firm/Company			-	
			72	0 5 Pa	rk	Rd Address	, }	15/118		
						City/State and Zip Code  C 241 G ome  be used for future/annua				
For fu	rther inform	nation coi		is matter, pleas		V				
	Mich	Ae Name of I	Person			at (_ <b>75 '4</b> ) _ Area Code	70 Day	3 – / 5 rtime Telepl	06 hone Number	
Enclos	sed is a che	ck for the	following	amount:						
QX \$2	25.00 Filin	g Fee		) Filing Fee & ficate of Status		□ \$55.00 Filing Fed Certified Copy (additional copy is c		C	Certified	te of Status &

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

Michael Gula	Power Washing	UC our records )				
(A)	Liability Company as it now appears on Florida Limited Liability Company)	our records.)				
The Articles of Organization for this Limited Liabi	ility Company were filed on	22/2024 and assigned				
This amendment is submitted to amend the followi	•					
A. If amending name, enter the new name of th	e limited liability company here:					
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicabl	le:					
(Principal office address MUST BE A STREET A	ADDRESS)					
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 agent and/or the new registered office address h		ds, enter the name of the new registered				
agent and/or the new registered office address in	<u>icre</u> .					
Name of New Registered Agent:						
Name of New Registered Agent.						
New Registered Office Address:	Feran Florida e	reat address				
	Enter Florida street address					
-		, Florida Zip Code				
	•	j				

### 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
MGR	Kimberly Gula	720 S Park Rd Apl 15118	_ Xdd
		Hilly wood F1 33021	□Remove
			□Change
MER	Michael Gulc	720 s park Rd Apt 15710	<u>F</u> X∕Add
		Hollywood F1 33021	
			_ KChange
			□Add
			□Remove
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<b>ffective da</b> an effective d	te, if other than late is listed, the date	the date of filing	g:	date of filing or mo	opt	tional) or filing.) Pursuant to	605 0207
ote: If the	date inserted in thi	is block does not n	neet the applicat	ole statutory filing	requirements, th	nis date will not be	listed as
ocument s e	Hective date on th	ie Department of S	state's records.				
record speci	fies a delayed effe	ective date, but not	an effective tim	e, at 12:01 a.m. o	n the earlier of: (	(b) The 90th day a	after the
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ated	<u> </u>		2029	<b>/</b> -·			
	1	///	///				
		Signature of a	member or authori	zed representative o	of a member		-
	V						
		Michae	· I lulc	name of signee			_