L24000393516

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COVER LETTER

Division of Cor	porations		
SUBJECT: Eli	Le Wash Name of Limi	Experts,	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	J030	e Boon)
		Firm/Company	
	•	1.	
	244 Pa	Address PL	
	Saint A Boricus	10905+ine City/state and Zip Code +2103 @ G. Mar o be used for future annual report notif	FL 32092 il. com
For further information c	oncerning this matter, please ca		,
Josue	Buno f Person	at (904) 916 Area Code Daytime	- HLOY e Telephone Number
Enclosed is a check for the	ne 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)

Registration Section

TO:

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

2	lite	Wash	Experts	LLC	
	(<u>Name o</u>	f the Limited Liability Co.	mpany as it now appears on our ted Liability Company)	records.)	
The Articles of Orga	unization for this I	imited Liability Comp	any were filed on Seo te	wher 9 2	2024nd assigned

The Articles of Organization for this Entitled Elability Company	were theu on	111111 4115118	, rica
Florida document number <u>L 24000393516</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
Bruno's Pressure	Wash Pro LL	C	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abl	previation "L.L.	.C."
Enter new principat offices address, if applicable:	SAME		
(Principal office address MUST BE A STREET ADDRESS)	244 Patina Pr		
	Saint Augustine	+ 40	3209
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	Same		
B. If amending the registered agent and/or registered office	address on our records enter the name	a of the how	ragistarad
agent and/or the new registered office address here:	address on our records, enter the name	S S	i constelled
		2	
Name of New Registered Agent:			
New Registered Office Address:		12	, ****
	Enter Florida street address	52	
	, Florida	· · · · · · · · · · · · · · · · · · ·	
	City	Zin 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□ Remove
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Cho+va

•	

ote:	tive date, if other than the date of filing:
	rd 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 iled.
ated	September 27, 2024. Josue T32000 Signature of a member or authorized representative of a member
	Maria Commence
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Josus Idruna

. . .

Filing Fee: \$25.00