24000 463225



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Office Use Only

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECISE SYSTEMS PRE	BASSURE WASHING, LLC
Name of Limited Liability	y Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
JUAN CARLOS CH	MACREO
Nam	e of Person
Fair Carlos CHAHOK	~8C)
JUAN CAKIOS CHAMOK	n/Company
2187 SW 1ST STR	EET SUITE 1150 MIAHI FL. 33135
4	Address
MIAMI FLORIDA	× 22125
MIAMI, FLORIDA City/Stat	e and Zip Code
JUANOMIAMICYAHO	∞. com.
JUANOMIAMIC YAHO E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please call:	
JUAN CAKIOS CHAMORKO at	(786) 9628494
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	.00 Filing Fee & criffed Copy ditional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

PRECISE SYSTEMS PREASSURE WASHING, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L24000463225</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
PRECISE SYSTEMS PRE	ESSURE WASHING, LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2187 SW 1ST STREET
(Principal office address MUST BE A STREET ADDRESS)	SUITE 1158
	MIAMI, FL 33135
Enter new mailing address, if applicable:	2187 SW 1ST STREET
Mailing address MAY BE A POST OFFICE BOX)	2187 SW 1ST STREET SUITE 1158
	MIAMI FL 33135
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
and and the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	7,4/ \AE

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>	Address	Type of Action
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			\ _Remove
			□ Change
			□Add
			□Remove
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			□Add
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			□Add
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<u></u>			□ Add
			Remove
			~ hunge

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ocument's effective date on the Department of State's records.	i al) ling.) Pursuant to 605.020 late will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after the
Signature of a member or authorized representative of a member	
(backes)	
Signature of a member or authorized representative of a member	