## L35000086984

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: Vips	i Cleaning Name of Lin	Plessure Wash	ning Services LL	C
	Amendment and fee(s) are sul	_		
r rease return an correspo	indence concerning this matter	to the following.		
	· (IDSI	Car (e) Name of Person		
	Mipsi Cleani	ny Pressure wa	ishing Senices LI	<u>_</u>
	2887 104	Address	<del></del>	
	Naples	City/State and Zip Code  7 (w gmail. (cm) (to be used for future annual report notifi		
	J DS 1 QA 1 CCS &	T (W gmail. (CIM) (to be used for future annual report notifi	cation) 2025 APR	=1
For further information co	oncerning this matter, please o		APR -	(man) man
Pedro De	elgadillo	at $(305)$ $900$ Daytime	-5393 min	6 [] [] []
Name of	f Person	Area Code Daytime	Telephone Number 99 50	
Enclosed is a check for th	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)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	tion	
Division of C		Division of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company)	re Washing Services LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 12500086984	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Cipsi Pool ((aning Press)  The new name must be distinguishable and contain the words "Limited Liability	re Washing Services LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 991071 Naples FL 34116
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	7025 1025
New Registered Office Address:	Enter Florida street address Florida 175
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree	City Zip Code
a nevery 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>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	
settletti s circetive date on the Department of State s records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	earlier of: (b) The 90th day after the
Lis filed.	
ated $03/27$ , $2425$	

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