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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
SUBJECT: KEN	ALPRO AQUATIC Name of Limi	WEED & ALGAE Fited Liability Company	REMOVAL LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person TIC WEED & ALGAR Firm/Company	Remarke Lic		
	PO BOX	6341 Address			
		City/State and Zip Code			
	E-mail address: (1	NVESTINENTS @ AOL, to be used for future annual report noti	tication)		
	oncerning this matter, please ca				
Russell Long ABERGER Name of Person		at (%63) 701 - 3	at (<u>863</u>) 701 - 34 29 Area Code Daytime Telephone Number		
Enclosed is a check for th	te 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)		
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 ACT 17 PE 3: 26 KENLPRO (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 were filed on _____ 4/24 Florida document number <u>L2000011</u> 2346 . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: LAKELITUD Florida 33809

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 Agen), 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

Title	<u>Name</u>	Address	2020 AC 117 PH 3: 21	Type of Action
PA	Russell Longitherekere	5246 US 11		□Add
		LAKELIND	Fi 33809	Remove
				□Change
				□Add
				□Remove
				□Change
				🗆 Add
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				□Change
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				□Remove
				□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20.0 AU: 17 PH 3: 24 E. Effective date, if other than the date of filing: Effective date, if other than the date of filing: _______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member