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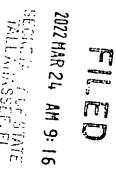
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of 4/9/2022

COVER LETTER

Registration Section Division of Corporations

TO:

subject: <u>Клос</u>	Kout Brain and	d Sewer Cleaning ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Om	ar Mendez Name of Person	·····
	KnackoutD	Firm/Company	leaning LIC
	242	23 SW 147th Ave	#606
	Mia	mi FL 33185 City/State and Zip Code	
	E-mail address: (1	ainmedic 305@jamqu to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Omar Name of	Mendez	at (305) 401 Area Code Daytime	- 4623 Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	S30.00 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 Address Registration S Division of Co P.O. Box 632 Tallahassee, F	lection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Knockout Diain and Sewer Cleaning LLC 2022 HAR 24 AM 9: 16
(Name of the Limited Liability Company as it now appears on our records.) SECINIC (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/7/202 and assigned Florida document number L2/100/039/7548
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Drain Medics 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)
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: Enter Florida street address
, Florida
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 amonding 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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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record species filed.	cifies a delayed	effective date, b	out not an	effective t	ime, at 12:0	1 a.m. on the	earlier of: (b) The 90th d	lay after the
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