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COVER LETTER

TO:

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eun Ir <i>c</i> a		And Soft washing, LLC	·	•		
SUBJECT	Name of Limited Liability Company					
The enclos	sed Articl e s of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Reynaldo Mejia Alvarez				
			Name of Person			
	Knm Power And Soft washing, LLC					
			mitted for filing. to the following: Name of Person ning, LLC Firm/Company Address City/State and Zip Code			
		6662 Syreeta Ln				
			Address	.		
		Harmony, FL 34773				
			City/State and Zip Code			
		Knm3204@hotmail.com				
		E-mail address; (to be used for future annual report not	ification)		
For further	r information c	oncerning this matter, please co	all:			
Reynaldo	Mejia Alvąrez		631 445-4597			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	Tailing Addres			ection		
Registration Section Division of Corporations						
P	O. Box 632	7	The Centre of	Tallahassee		
Т	allahassee, f	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Knm Power And Soft 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 were filed on 7-20-2022 and assigned Florida document number 1.22000321954 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." 6662 Syrecta LN Enter new principal offices address, if applicable: Harmony FL 34773 (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: Reynaldo Mejia Alvarez Name of New Registered Agent: 6662 Syrecta LN New Registered Office Address: Enter Florida street address __, Florida ³⁴⁷⁷³
Zip Code Harmony City

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 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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00