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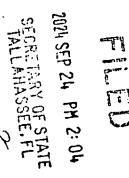
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of	Corporations		
KNM I	POWER AND SOFT WASHING	LLC	
SUBJECT:	Name of Lit	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
	REYNALDO MEJIA AL		
		Name of Person	<u> </u>
		Firm/Company	
		Address	
	6662 SYREETA LN HA	RMONY FL 34773	
	-	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ification)
For further informati	on concerning this matter, please	call:	
REYNALDO MEJL	A ALVAREZ	631 445-4597 at () Daytin	
Na	me of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	Idress: on Section	<u>Street Address:</u> Registration Sc	ection
Division (of Corporations	Division of Co The Centre of	
P.O. Box	0.527	The Centre of	1 arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KNM POWER AND SOFT WASHING LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number 1.22000321954	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
KNM POWER SOFT WASCHING AND LAWN CARE SERVICE	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:	6662 SYREETA LN HARMON	NY F1. 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 agent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	Υ
	t/La	orida

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			[]Change
			🖸 Add
			□Remove
			☐ Change
			□Adđ
			□Remove
			☐ Change
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			ClChange

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Filing Fee: \$25.00