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COVER LETTER

10:	Division of Con			- s ;
CUDIC		T PRESSURE WASHING LLO	Ç ,	•
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		KENNETH D KEIM JR		
			Name of Person	
	•	ONE SHOT PRESSURE	WASHING LLC	
			Firm/Company	
		8210 FLORIDA DR APT	236	
			Address	
		PEMBROKE PINES FL 3	3025	
			City/State and Zip Code	
		KENNYKEIM39@GMAIL		
		E-mail address: (to be used for future annual report notif	ication)
For furtl	her information of	concerning this matter, please co	all:	
JOSEPH	H DANIELE		239 898-9406 at ()	
	Name o	of Person		Telephone Number
Enclose	d is a check for t	he 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Shot Yress	JUE MASNING 11	<u></u>
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on 3/23/2023	and assigned
Florida document number L23000147890		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
KENNY'S POOLS LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	202
		2021 AFR
		हैं । •
Page 1 and 1		
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
		1
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida street ac	ddress
े. चंद्रक्य se ः * * * * * * * * * * * * * * * * * *		, Florida
	City	Zip Code

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 structures 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 natified in writing of this change.

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an effe <u>ote:</u>	ve date, if other than the date of filing:
recon	d 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
is fil	ed.
3 ited	1 38/2024 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Signature of a member or authorized representative of a member