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COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | |
|------------------------------|---|---|--|
| | NG PRESSURE WASHING LI | LC | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | KODIA GARDNER-BOC | OTHE AND JERMAINE BOOTH | 7023 Kiš.Y |
| | | Name of Person | Tr. |
| | SPLASHING PRESSURE | WASHING LLC | |
| | | Firm/Company | |
| | 1470 MINERAL LOOP D | R NW | · · · · · |
| | | Address | |
| | PALM BAY FL, 32907 | | |
| | | City/State and Zip Code | · <u>-</u> |
| | SPLASHINGPRESSUREV | - | |
| | | to be used for future annual report no | nification) |
| For further information of | concerning this matter, please of | all: | |
| KODIA GARDNER-BO | OOTHE | 954 683-9627 at () | |
| Name o | of Person | Area Code Daytii | me Telephone Number |
| Enclosed 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 Addres Registration | | Street Address: Registration S | ection |
| Division of C | | Division of Co | orporations |
| P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Monr | Tallahassee oc Street, Suite 810 |

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SPLASHING PRESSURE WASHING LLC | | |
|---|--|----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L23000160381 | were filed on MARCH 30 2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | 2023 |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or th | |
| Enter new principal offices address, if applicable: | 3425 BAYSIDE LAKES BLVD SE | STE 103 PMB1069 |
| (Principal office address MUST BE A STREET ADDRESS) | PALM BAY FL | · |
| | 32909 | |
| Enter new mailing address, if applicable: | 3425 BAYSIDE LAKES BLVD SE | STE 103 PMB1069 |
| (Mailing address MAY BE A POST OFFICE BOX) | PALM BAY FL 32909 | |
| | 32909 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the r | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , 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 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> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the can effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the De | ck does not meet th | ie applicable statut | ling or more than 90 d ory filing requireme | _ (optional) ays after filing.) I nts, this date w | Pursuant to 605.020 ill not be listed as |
| record specifies a delayed effective I is filed. | date, but not an ef | fective time, at 12: |)1 a.m. on the carlie | er of: (b) The | 90th day after the |
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Filing Fee: \$25.00