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COVER LETTER

Registration Section

TO:

Division of Co	orporations		•
Kraken	Pressure Washing LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Kevin Liverpool		
		Name of Person	
		Firm/Company	
	10187 Serene Meadow	Dr N	
	-	Address	
	Boca Raton FL 33428		
	Kayial iyassa al@ma aa	City/State and Zip Code	
	KevinLiverpool@me.com E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
	Kevin Liverpo		575
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kraken Pressure Washing LLC			
(Name of the Limited Liabilit (A Florida	ty Company as it now app Limited Liability Company	ears on our records.) y)	
The Articles of Organization for this Limited Liability C	omnany were filed on	November 27, 2023.	and assigned
	ompany were med on	<u>-</u>	and assigned
lorida document numberL23000526701	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company	here:	
Kraken LLC			
he new name must be distinguishable and contain the words "Limi	ited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
		C	
Enter new principal offices address, if applicable:		- 11.	
Principal office address MUST BE A STREET ADDR	ESS)	· · ·	
			2021
			CD
Inter new mailing address, if applicable:			~ ~
Mailing address MAY BE A POST OFFICE BOX)			
		-	<u> </u>
			07
3. If amending the registered agent and/or registered	office address on our	records, <u>enter the nan</u>	ie of the new regi
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida 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 amending Authorized Person(s) authorized to manage, enter the titic, 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
		 	□ Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
			∐Add
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			□Change
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			□Remove
			□Change
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			🗆 Add
			□Remove
			Change

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E. Effect	ive date, if other than the date of filing: (optional)
(If an ef <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the recor	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 led.
Dated	Fer 26,2024.
	Signature of a member or authorized representative of a member
	Kovin Livornool
	Kevin Liverpool

Typed or printed name of signee