120000015753

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PSI Pressure Wash | ing Inc. dba Kendall Pools | |
|--|---|--|---|
| DOCUMENT NUM | BER: P07000015753 | | |
| | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | atter to the following: | |
| | Jaime Sarazua | | |
| | | Name of Contact Persor | 1 |
| | PSI Pressure Washing | | |
| | | Firm/ Company | |
| | 14262 SW 140th ST Suite 10 | | |
| | | Address | |
| | Miami, FL 33186 | | |
| | | City/ State and Zip Code | e |
| | sales@kendallpools.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | on concerning this matter, plea | se cali: | |
| Jaime Sarazua | | at (³⁰⁵ | 595-9995 |
| Name of Contact Person | | Area Code & Daytime Telephone Number | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| PSI Pressure Washing | | | | |
|---|----------------------------|-------------------------|---------------------------------|---------------|
| (Name of | Corporation as curren | tly filed with the Flor | ida Dept. of State) | |
| P07000015753 | | | | |
| | (Document Number | of Corporation (if kno | wn) | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 006, Florida Statutes, thi | s Florida Profit Corpo | pration adopts the following ar | nendment(s) t |
| A. If amending name, enter the new nar | me of the corporation: | | | |
| Kendall Pools Inc. | | | Ti | ie new |
| name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" "chartered," "professional association," o | orp," "Inc," or "Co". | A professional corpo | porated" or the abbreviation " | Corp.," |
| B. Enter new principal office address, if | annlicable: | N/A | | |
| (Principal office address MUST BE A ST | | | 2024 1 AA | |
| | | | | |
| | | | AUG AUG | |
| C. Enter new mailing address, if applica | able: | N/A | | |
| (Mailing address MAY BE A POST O | | IN/A | | |
| | | | | . |
| | | | | ก ว |
| | | | ; • · · · | |
| D. If amending the registered agent and | | | r the name of the | |
| new registered agent and/or the new | | <u>ss:</u> | | |
| Name of New Registered Agent | N/A | | | |
| | | | | |
| _ | (Florida s | street address) | | |
| New Registered Office Address: | N/A | | . Florida | |
| | | (City) | (Zip Code | " |
| | | | | |
| New Registered Agent's Signature, if cha | | | | |
| l hereby accept the appointment as register | red agent. I am familiai | r with and accept the o | bligations of the position. | |
| | | | | |
| | | | | |
| | Signature of New | Registered Agent, if ch | nanging | |
| | | | | |
| Check if applicable | | | | |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X_Change | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|-------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | | |
| _X Add | <u>\$V</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s |
| 1) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | <u> </u> |
| 4) Change | | · | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | · - ·- ·- | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Arti | cles, enter change(s) here: |
|---|---|
| (Attach additional sheets, if necessary). | (Be specific) |
| N/A | |
| | |
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| | |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
| | |
| | |
| | |
| | |
| | |
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| | |
| | |

| | 8/22/24 | |
|--|--------------------------------|---|
| The date of each amendment(s) a | doption: | , if other than |
| date this document was signed. | | |
| N/A | | |
| Effective date <u>if applicable</u> : | (ma mana 4h m | 90 days after amendment file date) |
| | (no more inan | 90 days after amenament file date) |
| Note: If the date inserted in this bedocument's effective date on the De | | licable statutory filing requirements, this date will not be listed as |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adaction was not required. | opted by the incorporators, or | r board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | | he number of votes cast for the amendment(s) |
| must be separately provided for | | trough voting groups. The following statement to vote separately on the amendment(s): |
| , N/A | tor the amendment(s) was w | refe sufficient for approvar |
| by | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| selecte | | Ficer – if directors or officers have not been the hands of a receiver, trustee, or other court |
| | JAIME | DARAZUA |
| | | |
| | (Typed or printed | d name of person signing) |
| | (Typed or printed) | d name of person signing) |

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ATION: PSI Pressure Wash | ing Inc. dba Kendall Pools | |
|----------------------------|---|--|---|
| DOCUMENT NUMBE | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | atter to the following: | |
| Ja | ime Sarazua | | |
| | | Name of Contact Person | 1 |
| P | SI Pressure Washing | | |
| _ | | Firm/ Company | |
| 14 | 1262 SW 140th ST Suite 10 | 77 | |
| _ | | Address | ···· |
| M | liami, FL 33186 | | |
| | | City/ State and Zip Code | e |
| S | iles@kendallpools.com | | |
| _ | | sed for future annual report | notification) |
| | • | | , |
| For further information of | concerning this matter, plea | se call: | |
| Jaime Sarazua | | at (305 | , 595- 999 5 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for t | he following amount made | payable to the Florida Depa | artment of State: |
| \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ameno Divisio P.O. B | ng Address Iment Section on of Corporations ox 6327 assee, FL 32314 | Amend Divisio The Co 2415 N | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |