

LD9000105364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

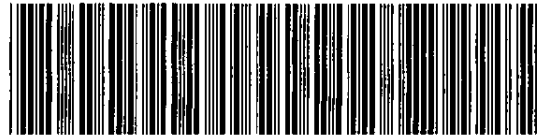
Special Instructions to Filing Officer:

**L. SELLERS**

JAN 22 2010

**EXAMINER**

Office Use Only



300163970093

01/21/10--01004--021 \*\*60.00

**FILED**  
10 JAN 22 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Aqua-Man Pool & Spa Services, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Donley  
Name of Person

Aqua-Man Pool & Spa Services  
Firm/Company

10097 Cleary Blvd. Suite 178  
Address

Plantation, FL 33324  
City/State and Zip Code

Aquaman\_Pools\_Spas\_@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Donley at (954) 257-6495  
Name of Person Area Code & Daytime 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Aqua-Man Pool & Spa Services, LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/02/09 and assigned Florida document number LO9000105364

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

10097 Cleary Blvd.  
Suite 178  
Plantation, Fl. 33324

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

10097 Cleary Blvd.  
Suite 178  
Plantation, Fl. 33324

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jacqueline Perez

New Registered Office Address:

10097 Cleary Blvd. Suite 178  
Enter Florida street address  
Plantation, Florida  
City

**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 608, 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.

Jacqueline Perez  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
JAN 22 2010  
PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joshua Nolan	1037 SW Romaine Ln. Port Saint Lucie, Fl. 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jacqueline Perez	10097 Cleary Blvd. Suite 178 Plantation, Fl. 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Jan. 19 2010, \_\_\_\_\_

Jason Donley  
Signature of a member or authorized representative of a member

Jason Donley  
Typed or printed name of signee

10 JAN 22 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED