## U3000100531

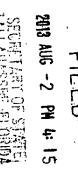
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## COVER LETTER

TO: · Registration Section **Division of Corporations** 

E & D CLEANING POOL, 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:

**CARLOS NINO** 

Name of Person

E & C CLEANING POOL, LLC

Firm/Company

2621 ROSEHAVEN RD

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CARLOS NINO** 

at (561)460-6576

Area Code & Daytime Telephone Number

Name of Person

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

FILED 2013 AUG -2 PM 4: 15 SECRETARY OF STATE TABLAHASSEE, FLORIDA

	CLEANING P Liability Compar Florida Limited L	OOL, LLC  iv as it now appears on our receivability Company)	ords.)
The Articles of Organization for this Limited L Florida document number <u>L13000100531</u>	iability Company	were filed on <u>07/11/2013</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
E & C CLEANING POOL, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applied	eable:	N/A	
(Principal office address MUST BE A STREE	(T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	DOM:	1477	
B. If amending the registered agent and/registered agent and/or the new registered o	or registered off		, enter the name of the new
Name of New Registered Agent:	N/A		<del></del>
New Registered Office Address:			
		Enter Florida s	treet address
		, Flo	orida
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** N/A Remove Remove Remove Remove Remove

	formation, enter change(s) here: (Attach additional sheets, if necessary.)
· •	
<del></del>	
<del> </del>	
ed JULY 29	2013
	Carlos Inno
<del>*                                    </del>	Signature of a member or authorized representative of a member
	CARLOS NINO
<u></u>	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE