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J. SAULSBERRY EXAMINER SEP 19 2013

COVER LETTER

O Registration S Division of Co				
subject: <u>LARR</u>	Y'S SPA & POOL SERV Name of Limi	ICE, LLC ited Liability Company	Anna Anna Anna Anna	
The anotosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oudence concerning this matter	to the follo-ving;		
	Mark S. Mucci, Esq.	Name of Person		
	Benson, Mueci & Wo	Piss_PL	and the same of th	
	5 <u>561 N. University D</u>	rive, Suite 102 Address		
	Coral Springs, FL 33	City/Stat/ and Zip Code		18 SEP 18
	msm/a/bmwlawyers.ne E-mail address: (1	er to be used! in future amoual report not	ilication)	, ; ;
For further information	concerning this matter, please c	all:		
Nicole Francis Name o	of Person	nt (954) 323-1023 Aren Gode & Dayti	nie Telephone Number	AM 9: 43
Findosed is a check for t	he following amount:			
X1 \$25.00 Filing Fee	C1\$30 00 Filing Fcc & Certificate of Status	□\$55,00 Filing Fee & Certified Capy	US60,00 Filing Certificate of	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tollahassee, Fl. 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARRY'S SPA & POOL SERVICE, 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 03/01/2005 and assigned Florida decument number L05000020670 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 "La. C" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Alan Debs Name of New Registered Agent: New Registered Office Address: 11471 West Sample Road, Suite 2 Enter Florida street address Coral Springs Florida 33065 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. Thereby contirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If nareading the Managers of Managing Members on our focurds, enter the title, name, and address of each Manager of Managing Member being addled or removed from our grounds:

MGR Manager MGRM - Managing Member Type of Action Title Address Name 11471 West Sample Road. Suite 2 MGRM Spencer, Larry Coral Springs, FL 33065 11471 West Sample Road, Suite 2 MGRM Alan Debs_____ Coral Springs FL 33065

D. It amending any other information, enter change	e(s) here: Attach additional sheets, if accessary.)
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may, , and	e ja , ennage agnorages nonagemen
Dated 91113	
Signature of a member of	or authorized representative of a member
Mark S. Mucci, authorized represer	ntative of Alan Debs and Larry Spencer printed name of signee
	Page 3 of 3
ii a	ling fee: \$25.00

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