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SECRETARY OF STATE

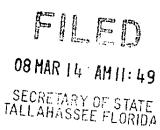
## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>:</b> •	
SUBJECT: Aqua Lawn Irrigation Repair Service	LLC	
(Name of Limited Li		
. The enclosed Articles of Amendment and fee(s) are submitted	I for filing.	
Please return all correspondence concerning this matter to the	following:	
Robert Hathaway		
ť	Name of Person)	
Aqua Bob Repair Service	LLC. Firm/Company)	
	i iiiii Company)	
11111-70 San Jose Blvd	208 (Address)	
	(100000)	
Jacksonville FI 32223 (City)	/State and Zip Code)	
For further information concerning this matter, please call:		
Robert Hathaway	at (904 ) 553 1760	·
(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:	STREET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	gation Repair Service LLC <u>ability Company as it now appears on ou</u> orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab	ility Company were filed on 9/21/06	and assigned
Florida document number 106000092556	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Aqua Bob Repair Service LLC		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Name of New Registered Agent:  New Registered Office Address:		orida street address)
	(District	
-	(City)	_, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered at the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	ngent and agree to act in this capacity per and complete performance of my a red agent as provided for in Chapter ( gistered office address, I hereby confir	duties, and I am familiar with and 608, F.S. Or, if this document is

(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

<u> </u>	Name	Address	Type of Action
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	Robert G Hathaway	r or authorized representative of a member	
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Filing Fee: \$25.00