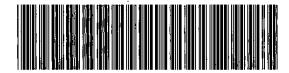
L07000070492

(F	Requestor's Name)				
(4	Address)				
(/	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	tatus			
Special Instructions to Filing Officer:					
	•				

Office Use Only



100181246921

05/28/10--01014--001 **110.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 1 2010

EXAMINER

COVER LETTER

TÕ:	Registration Sec Division of Corp		•	·
end i	ECT:	Agua Bella	Pool Service LLC	
SUBJ.		 	ted Liability Company	
		mendment and fee(s) are sub	_	
			Suzanne George	
			Name of Person	
				
	Firm/Company 136 12th Ave N.E.			
			Address	
	St. Petersburg, FL 33701			
	,	·	City/State and Zip Code	
r £.			to be used for future annual report not	ification)
ror iu	rmer information co	ncerning this matter, please o	aii:	
	Suza Name of	nne George	at (727)	560-6310 me Telephone Number
	(Name of		ned code & Bayin	nio respinone riginos.
Enclos	sed is a check for the	following amount:		
\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division	NG ADDRESS: tion Section of Corporations	Registration Sect Division of Corp	
	P.O. Box Tallahas	c 6327 see, FL 32314	Clifton Building 2661 Executive C	Center Circle

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Name of the Limited I	a Bella Poo Liability Compa Florida Limited I	N Service, LLC ny as it now appears of Liability Company)	our records.)				
The Articles of Organization for this Limited Lia Florida document number		were filed on	July 6, 2007	and assign	ned		
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company,	' the designation "L	LC" or the abb	reviation		
Enter new principal offices address, if applicable:		136 12th Ave N.	Ε.		=		
(Principal office address MUST BE A STREET	(ADDRESS)	St. Petersburg,	FL 33701	10	SEC.		
				A	<u> </u>		
			,	28	F CO		
Enter new mailing address, if applicable:	136 12th Ave N.E.		完	- 20			
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg,	FL 33701		₹ <u>₹</u>		
•				(S)	<u> </u>		
					Ś		
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter the	ne name_of	the new		
Name of New Registered Agent:	Suzanne George						
New Registered Office Address:	136 12th Ave N.E.						
	Enter Florida street address						
	St	. Petersburg	, Florida	33701			
		City .		Zip Code			
New Registered Agent's Signature, if changing R	egistered 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 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> Name <u>Address</u> Type of Action Natalie Conner MGRM Add Remove 2662 W. Vina Del Mar Blvd St. Pete Beach, FL 33706 Suzanne George MGRM 136 12th Ave N.E. St Petersburg, FL 33701 □ Add ☐ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 24 Dated Signature of a member of authorized representative of a member Suzanne George Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00