

LD90000049740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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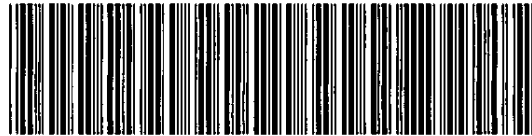
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**L. SELLERS**

JUN 19 2009

**EXAMINER**

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09 JUN 18 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AQUA/BUE POOL SERVICES OF CENTRAL FL 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:

LAUDELINO M NETO

Name of Person

AQUA-BUE POOL SERVICES OF CENTRAL FLOIRDA LC

Firm/Company

P.O. BOX 618007

Address

ORLANDO, FLORIDA 32861-8007

City/State and Zip Code

mrpoolwhiz@hotmail.com

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

For further information concerning this matter, please call:

LAUDELINO M NETO

Name of Person

at ( 407 )

362-8580

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)

FL DEPT OF  
STATE

### 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/BLE POOL SERVICES OF CENTRAL FL 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 MAY 21, 2009 and assigned Florida document number LOP000049740.

This amendment is submitted to amend the following:

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

AQUA-BLE POOL SERVICES OF CENTRAL FLORIDA LLC

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)**

5518 METROWEST BLVD

#106

ORLANDO, FLORIDA 32811

**Enter new mailing address, if applicable:**

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

P.O. BOX 618007

ORLANDO, FLORIDA 32861-8007

**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:

New Registered Office Address:

5518 METROWEST BLVD #106

Enter Florida street address

ORLANDO

Florida

City

32811

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, 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>
MGRM	LAUDELINO M NETO	5518 METROWEST BLVD	<input checked="" type="checkbox"/> Add
		#106	<input type="checkbox"/> Remove
		ORLANDO, FLORIDA 32811	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

Dated JUNE 12, 2009.



Signature of a member or authorized representative of a member

LAUDELINO M. NETO

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA