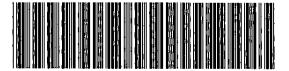
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## **COVER LETTER**

<i>,</i> .		· -	
TO: Registration Sec Division of Corp	ction porations		<b>A</b> K. N.
SUBJECT:	- yan's Pools and Name of Limi	Pressure Washing ted Liability Company	, LLC.
	Amendment and fee(s) are subr		
Please return all correspon	ndence concerning this matter	to the following:	
	B	Yan Jones Name of Person	
	Aqua Clean	Pools + Power	er Wash LLC
	1813 1	aramie Cir. Address	
	Melbou	City/State and Zip Code  MME 22 6  To be used for future annual report notific	2940
	Pool dru E-mail address: (1	mmer 22 (a) to be used for future annual report notific	Yahou, com
For further information c	oncerning this matter, please ca	all:	
Bryan	Jones	at (321) 446 Area Code Davtime	- 5/00 Telephone Number
Enclosed is a check for the	•		
\$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

Bryan's Pouls & Pressure Washing, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A F	lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 0900066</u>	ity Company were filed on $\frac{7/9/2009}{395}$ and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the Adua Clean Pools +	
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b>
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	registered office address on our records, enter the name of the new address here:
New Registered Office Address:	Enter Florida street address
_	Florida TE
	City Zip Code Zip Code
New Registered Agent's Signature, if changing Regis	>
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and sed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability nge.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$MGR \Rightarrow MS$ $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:(option to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
ated December 12, 2014.
Benefit
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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SEORETARY OF STALE

CAMPAGE AND A STREET