

L10000096929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

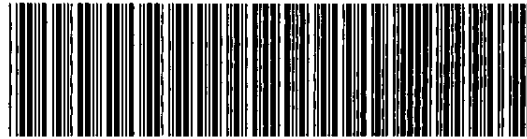
(Business Entity Name)

(Document Number)

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12 JAN -3 PM 12:13  
STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 5 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** aqua pool and spa service 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:

jorge baute

Name of Person

Firm/Company

14326 golden rain tree blvd

Address

orlando fl 32828

City/State and Zip Code

admin@aqua-poolservice.com

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

For further information concerning this matter, please call:

jorge baute

Name of Person

at ( 407 )

2673164

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:**  
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

12 JAN -3 PM 12:15  
RECEIVED  
STATE OF FLORIDA  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

aqua pool and spa 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 09/15/2010 and assigned  
Florida document number L10000096929.

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 "L.L.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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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, I hereby confirm that the limited liability company has been notified in writing of this change.*

*[Signature]*  
~~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

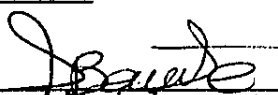
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZAYHRA GARCIA-MILLA	14326 GOLDEN RAIN TREE BLVD ORLANDO FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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

FILED  
 12 JAN -3 PM 12:16  
 TALLAHASSEE, FLORIDA  
 CLERK OF SUPERIOR COURT

Dated NOVEMBER 29, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**JORGE L BAUTE**  
 \_\_\_\_\_  
 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2011

JORGE BAUTE  
14326 GOLDEN RAIN TREE BLVD.  
ORLANDO, FL 32828

SUBJECT: AQUA POOL & SPA SERVICE LLC  
Ref. Number: L10000096929

We have received your document for AQUA POOL & SPA SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 611A00028452