Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000232283)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARK'S WATER SERVICE LLC

RECEIVED 4 JAN 29 PH 4: 11 ALONESSE FISHER

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K. SPLY EXAMINER JAN 30 2014 TO:

Registration Section

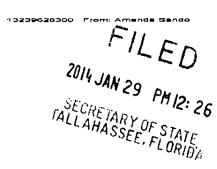
COVER LETTER

Division of Co	rporations		
	WATER SERVICE LLC		
SURJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
,	ondence concerning this matter		
	Cheyenne Moseley	_	
	-	Name of Person	-
	Legalzoom.com, Inc.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	100 W. Broadway Sui	ite 100	
		Address	
	Glendale, CA 91210	•	
	mezell2@yahoo.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please o	all:	
Imelda Vasquez		323 962-8600 e	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



MARK'S WATER 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 Compa	ny were filed on 03/10/2011	and assigned
Florida document number L11000054866		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
All In One Industrial Services LLC		
The new name must be distinguishable and end with the words "Limited L	Liability Company," the designation "LI	.C" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
Training waster to the training to the trainin	**************************************	
1772411105 44441 44444 44444 44444 44444 444444		
B. If amending the registered agent and/or registered		s, enter the name of the new
B. If amending the registered agent and/or registered		s, enter the name of the nev
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the nev
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		s, enter the name of the nev
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	t ere: Enter Florida street addre	55
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	t ere: Enter Florida street addre	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	Enter Florida street addre	55

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

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:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Remove
			□ Add
			П Remove
			☐ Remove
			□ Add
			□ Remove
			🗖 Add
			□ Remove

				
		the date of filing: cannot be prior to date he Florida Department		(optional) d cannot be more than 90 days after
Dated	anuary 28		2014	
	1/1	1 L 3M	7	
-		Signature of a m	ember or authorized repre	sentative of a member
	Mark Ezeil			

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Filing Fee: \$25.00