

L13000027975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

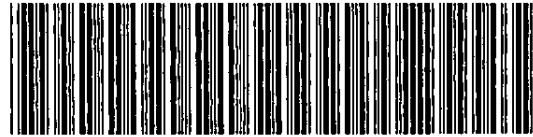
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clear Choice Pool Care 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:

Ross H. Cooper

Name of Person

Clear Choice Pool Care LLC

Firm/Company

P.O. Box 947666

Address

Maitland, FL 32794

City/State and Zip Code

clearpoolorlando@gmail.com

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

For further information concerning this matter, please call:

Ross Cooper

Name of Person

863 224-4682

at ()

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

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 TALLAHASSEE, FLORIDA

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

Clear Choice Pool Care 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 02/22/2013 and assigned Florida document number L13000027975.

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:

819 Lindenwald Ln.

(Principal office address MUST BE A STREET ADDRESS)

Altamonte Springs, FL 32701

Enter new mailing address, if applicable:

P.O. Box 947666

(Mailing address MAY BE A POST OFFICE BOX)

Maitland, FL 32794

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:

819 Lindenwald Ln.

Enter Florida street address

Altamonte Springs

, Florida 32701

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.

If Changing Registered Agent, Signature of New Registered Agent

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

Change Manager Ross H. Cooper AND Manager Emily K. Cooper

address to:

819 Lindenwald Ln.

Altamonte Springs, FL 32701

Dated August 13 2013


Signature of a member or authorized representative of a member

Ross H. Cooper

Typed or printed name of signee

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Filing Fee: \$25.00

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