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(Re	equestor's Name)	-
(Ad	dress)	,
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O. BUTES

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

A Better View Window Cleaning

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:

Jonadab Rivera

Name of Person

A Better View Window Cleaning

Firm/Company

920 NW 12th PL

Address

Cape Coral, FL 33993

City/State and Zip Code

jonny305.jr@gmail.com

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

For further information concerning this matter, please call:

Jonadab Rivera

at (239) 895-2275

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Better View Window Cleaning 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 Lia	ability Company were filed on Febr	uary 27,2013	_ and assigned
Florida document number L13000030031			· •
This amendment is submitted to amend the follow	wing:	ALLAHA	13 MAY 30
A. If amending name, enter the new name of	the limited liability company here:	385	0
Better View Pools LLC		हेत <u>े ८.</u>	3
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	the designation "IIC	or The abbreviation
Enter new principal offices address, if applica	ible: NA	Z>	
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	7	
B. If amending the registered agent and/oregistered agent and/or the new registered off	· ·	r records, <u>enter the</u>	name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	Ente	r Florida street addres	S
		, Florida	
	City	, a loriua	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 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
ted	May 28 , 2013.
	1-12-
	Signature of a member or authorized representative of a member
	Jonadab RiveRa Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00

13 HAY 30 PH 4: 34

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> **Type of Action** <u>Name</u> **Address** Remove Add Remove Remove Add Remove Remove Remove