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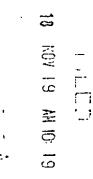
(Re	equestor's Name)	
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O SIMMONS DEC 0 1 2018

COVER LETTER

TO:

TO:		tration Sec on of Corp		·	
e SUBJI	ECT: _	ART	ech fool An	d Spa Scruces mited Liability Company	//c
The en	closed A	articles of A	Amendment and fee(s) are su	ubmitted for filing.	
Please	return al	Leorrespon	idence concerning this matte	er to the following:	
			Mich	nael Galluce	<u></u>
			ARtoch	Pool and SPA	Services 11c.
			15516	68th Ct. Nor	+h
			Loxaha	tchee F1, 3 City/State and Zip Code	3470
			e-mail address:	ch pools & qmail. (to be used for future annual report notific	ation)
For fur	ther info	rmation co	ncerning this matter, please	call:	
<i>_</i> _	Mich	Name of	Gallucci Person	at (<u>561</u>) 644 Area Code Daytime	Z 536
Enclos	ed is a cl	heck for the	e following amount:		
\$2:	5.00 Fili	ng 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)
		Registra	NG ADDRESS: tion Section tof Corporations	STREET/COURIE Registration Section Division of Corporat	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARtech Pool And SPA Services	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 Co	ompany were filed on 0	1-01-2013 and assigned
Florida document number 4/3 0000 48060	. ,	
	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here	:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		鱼 鱼。
(Principal office address MUST BE A STREET ADDRE		9 :1
Tracipal office dualess most bi. A STREET ADDA	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Enter new mailing address, if applicable:		. 5
Ţ		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	ered office address on o	ur records, enter the name of the nev
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
- Ingland Street Television	Enter Florida	street address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is
	If Changing Registered Agent	. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
1BRM	Jacob Harry	15516 68th Ct. Novth Communichee, Fl. 33	Z Add
	name name		Remove
			Change
			🗖 Add
			(□ Remove
			□ Change
			☐ Change
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	, 5
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to	(optional)
ote: If the date inserted in this block does not meet the applical	ble statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not	an effective time at 12:01 a.m. on the carlier
The 90th day after the record is filed.	an enective time, at 12.01 a.m. on the earner
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nted //-13-2018	_ · _ \
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7.15 1(1	
Signature of a member or author	ized representative of a member

D.

Page 3 of 3

Filing Fee: \$25.00