113000130028

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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NOT Avail		

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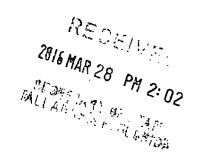
2016 MAR 28 PH 1: 13

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FLORIDA DEPARTMENT OF STATE Division of Corporations



March 3, 2016

AQUAMEN POOL SERVICES, LLC RONALD B MARTINEZ 2031 SANTA BARBARA BLVD. NAPLES, FL 34116

SUBJECT: AQUAMEN POOL SERVICES, LLC

Ref. Number: L13000130028

We have received your document for AQUAMEN POOL SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000018801 "AQUAMEN SERVICES INC.".

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00004426

COVER LETTER

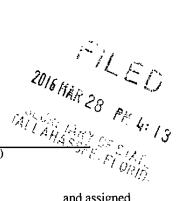
то:	Registration Section Division of Corpo			
CUDIO		POOL SERVICES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		RONALD B. MARTINEZ		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		AQUAMEN SERVICES I	LC	
			Firm/Company	
		2031 SANTA BARBARA	BLVD	
			Address	
		NAPLES FL 34116		
			City/State and Zip Code	
		RONALD@PIKUSPROPE	RTIES.COM to be used for future annual report notifica	*io=\
			·	uion)
For furt	her information con	cerning this matter, please ca	ıll:	
RONA	LD B. MARTINEZ		239 465-2039 at ()	
	Name of P	erson	Area Code Daytime To	elephone Number
Enclose	d 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



AQUAMEN POOL 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 Company	were filed on 9/13/2013	and assigned	
Florida document number L13000130028			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
AQUAMEN FLASH SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2031 SANTA BARBARA BLVD		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FL 34116		
Enter new mailing address, if applicable:	2031 SANTA BARBARA BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES FL 34116		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending A or removed fi	Authorized Person(s) authorized to ma om our records:	nage, <u>enter the titl</u>	e, name, and address of each	person being added
MGR = Ma AMBR = Au	nager' thorized Member		2016 HAR 28 PM 4: 13	•
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lf an effec	tive date is listed, the	date must be specific a	nd cannot be prior to	date of filing or more th	nan 90 days after filin	g.) Pursuant to 605.0207
<u>Note:</u> If	f the date inserted i	n this block does not on the Department of	meet the applicat	ole statutory filing req	juirements, this dat	e will not be listed as
documer	iii s effective date (on the Department of	State's records.			
		delayed effective the record is filed		an effective time	, at 12:01 a.m.	. on the earlier of
THE S	our day arter i	ine record is med	•			
F	EBRUARY 25TH		2016			
Dated _	5511.		,	- '		
			<u>`</u>			
				5.1		·
	(Signature of	member or author	ized representative of a	member	
	RONALD B. M	(ADTIME?				

Page 3 of 3

Filing Fee: \$25.00