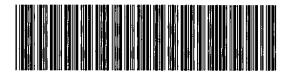
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December 10, 2013

TAMMY HARRIS 953 OLD DIXIE HWY, STE B18-19 VERO BEACH, FL 32960

SUBJECT: WILLIAM DORR LLC Ref. Number: L13000142620

We have received your document for WILLIAM DORR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce Regulatory Specialist II Letter Number: 913A00028046 SSEE FLORING TARY OF STAR

COVER LETTER

TO:

Registration Section
Division of Corporations

WILLIAM DORR LLC

SUBJECT:

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:

TAMMY HARRIS

Name of Person

A-1 TAX SERVICE INC

Firm/Company

953 OLD DIXIE HWY STE B18-19

Address

VERO BEACH, FL 32960

City/State and Zip Code

tammy@a1taxfl.com

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

For further information concerning this matter, please call:

TAMMY HARRIS

772₂257-6346

Name of Person

Area Code & Daytime Telephone Numbe

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)

S60.00 Filing fellow Certificate of Signus Certified Companies 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

WILLIAM DORR 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 Liabiliforida document number L13000142620	ity Company were filed on 10-09-13	and assigned
This amendment is submitted to amend the following	រតិ:	
A. If amending name, enter the new name of the	limited liability company here:	
CHEROKEE POOL SVC LLC		
The new name must be distinguishable and end with the "L.L.C."	amendment is submitted to amend the following: Tamending name, enter the new name of the limited liability company here: EROKEE POOL SVC LLC ew name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation C." The new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable:	
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	2018 DEC 2
	egistered office address on our recor <u>address here</u> :	rds, enter then time of the flat
		·
New Registered Office Address:	Enter Florid	la street address
		Florida

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 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>Address</u> Type of Action <u>Title</u> <u>Name</u> Remove Remove Remove Remove

f amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	•
	
l	,
_	Wir Ch
	Signature of a member or authorized representative of a member WILLIAM DORR
_	Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

ZIN DEC 27 PM S: 10
SECRETARY OF STATE