# 1/3000/68348

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Bu	isiness Entity Nan	ne)
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FILED 2015 AUG 10 PM 1: 26 SECKETARY OF STATE

K. SALY EXAMINER AUG 12 2015

## **COVER LETTER**

	Registration Sect Division of Corpo			
2110 1E <i>t</i>	CLEAN PO	OLS OF JUPITER, LLC		
SUBJEC	.l:	Name of Limit	ted Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspond	dence concerning this matter t	o the following:	
		RONALD ORLANDO		
			Name of Person	
			Firm/Company	
		2206 SE MONTROSE L		
			Address	
		PORT SAINT LUCIE, FL		
			City/State and Zip Code	
		•	o be used for future annual report n	otification)
For turti	er information cor	ncerning this matter, please ca	at ( <u>561</u> ) <u>5 (6.</u> Area Code) Dayt	2636
	Name of I	Person	Area Code Dayt	ime Telephone Number
Enclosed	d is a check for the	following amount:		/
<b>□</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

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**

FILED
2015 AUG 10 PM 1: 27
SECRETARY OF ST.

CLEAN POOLS OF JUPIER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		SEE. FLORIS
The Articles of Organization for this Limited Liability Com	npany were filed on 12/05/2013	and assigned 4
Florida document number L13000168348		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(23	
111111111111111111111111111111111111111		
	-	
N	PO BOY 1193	
Enter new mailing address, if applicable:	7.0. Dox 493 Jupiter, FL 339	11.0
(Mailing address MAY BE A POST OFFICE BOX)	Jub tar, tr 22	168
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		the name of the new
registered agent unavor the new registered office dadres	Sikite.	
Name of New Daylor and A	nald Velando	
	1	
New Registered Office Address: 220	6 SE Montrose Lan	<u> </u>
$\bigcirc$	Enter Florida street address	
last.	Sr. Lucce , Florida _	34952
	City	Zip Code
New Registered Agent's Signature if changing Registered A	.cont.	

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 605, 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.

1f Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ORLANDO, CAROLJ	2206 SE MONTO SE LANE	
		PORT SAINT LUCIE, FL 34952	Remove
			☐ Change
			B Add
			■ Remove
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lote: If	the date inserted in th	is block does not	t meet the app	olicable statut	ory filing requ	irements, this	date will not be	listed a
ocumen	t's effective date on the	ie Department of	f State's recor	ds.				
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		Signature of	a member or a	uthorized repro	sentative of a m	ember		_

Page 3 of 3

Filing Fee: \$25.00