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(((H150001157263)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHOICE TRUE WATER POOL SERVICES, LLC

Certificate of Status	0
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Help

Fax Audit #H15000115726 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rue Water Pool Services, LLC	
( <u>N</u> ame of the Limited Liabilit (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	Company were filed on 4/28/2015	and assigned
Florida document number <u>L15000074545</u>	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
True Water Pool Services, LLC		
The new name must be distinguishable and end with the we "L L.C."	ords "Limited Liability Company." the design	mation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		JEC IS
(Principal office address MUST BE A STREET ADD)	RESS)	AHASSE
Enter new mailing address, if applicable:		TO TO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
	, Flor	ida
	Ciņ.	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MAY-	12	-2015	16:	03
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608 827 5501

608 827 5501

P.003

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
<del></del>			Add		
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D. If ame	uding	any other	information, eut	er change(s) he	re: (Attach c	additional sheets,	, if neces:	(m <sub>j</sub> )		
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E. Effecti (If an effec	ve dat tive d	te, if other ate is listed	than the date of t L the date must be	filing: specific and car	mot be more	than 90 days afte	_ (option r filing.)	aI) (605.	.0207 (3)	)(b)
Dated	0.5	.10.	<del></del>	2015	<b>.</b> '					
	,	Modifi	I State	<del></del>						
			Signature of	a member or aut	horized repres	entative of a mem	iber			~
	M	atthew John	ston, Member							_
				Typed or prir	ited name of s	ignee				_
				Pa	ge 3 of 3					

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