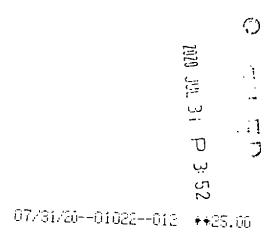
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09/18/20 N/(2, Arend N/(2, Arend

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT:	All CleAc Name of Limit	POUL And Speed Liability Company	· LC
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Delice	Name of Person	<del>-</del>
		Firm/Company	
	(BU SW)	11St Ave	
	Pembrike	City/State and Zip Code	23
	E-mail address: (to	o be used for future annual report not	(mail .Cem
For further information c	oncerning this matter, please ca	NI:	
Deli (e l Name o	PERROR f Person	at (OSU) 702 S Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
13 \$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 Addres		Street Address: Registration Se	ection
Registration S Division of C		Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on UCTOBOIL 19, 2015 and assigned
Florida document number <u>L 150001774</u> 58	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ALL CLEAR POOL AND	SPA LLC
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	CO3D SW 71 <sup>34</sup> Ave Pembroke lines FL 33023
(Principal office address MUST BE A STREET ADDRESS)	Pembroke lines FL 33023
	7920
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<sub>₩</sub> . <b>J</b>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registe
agent and/or the new registered office address nere.	
Name of New Registered Agent:	
Name of New Neglstered Algent.	
New Registered Office Address:	Enter Florida street address
	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agre	no to got in this agreeity. I forther gares to comply with
ι πετεργ αςτερι τηε αρροιηιπεηι αν τεχινίετεα αχεία απα αχί ε	performance of my duties, and I am familiar with and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Delice prieture	1205W71 AJR	t=Add
		Personia Ares FL 33023	□Remove
			Change
myr	Rudlyne Augistin	(305W) 71 AUR	tDxdd
		Perobine Pines FC 33023	
			Change
			□ <b>∧</b> dd
			□Remove
			□Change
			□ Add
			□Remove
		<u></u>	□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

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If an effe <u>Note:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier 90th day after the record is filed.
Dated _	Detiber 19, 2015.
	Signature of a member of authorized representative of a member
	rigifature of a memoer of apartoriged representative of a memoer
	$\mathcal{Q}$

Page 3 of 3