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(A	ddress)	
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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT. A CLEAR	R CHOICE POOL SERV	/ICE LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jennifer Cornejo		
		Name of Person	-
	MyUSACorporation.	com	
		Firm/Company	
	1 Radisson Plaza, S	uite 800	
	T Tiddisoon T Taza, C	Address	
	New Deebelle, New	Voul. 10001	
	New Rochelle, New	City/State and Zip Code	
	info@myusacorporation.com		
	E-mail address: (1	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Jennifer Cornejo		at (877) 330-2677	
Name of	Person		e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Con The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 17

A CLEAR CHOICE POOL SERVICE 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 Lia	bility Company	were filed on	/2016	and assigned
Florida document number L16000002783	······•			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
A CLEAR CHOICE POOLS LLC				
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the design	ation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applical	hle:			
(Principal office address MUST BE A STREET ADDRESS)		22490 MADELYN AVENUE,		
THE THE PART OF TH	ADDREAS	PORT CHARLO	TTE, FL 33954	
Enter new mailing address, if applicable: (Mailing address MAY. BE A POST OFFICE BOX)		22490 MADELYN AVENUE, PORT CHARLOTTE, FL 33954		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a <u>here</u> :	ddress on our record	ds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	BRENNEN I	RUEFF		
New Registered Office Address:	22490 MAD	ELYN AVENUE		
Mon Megistered Office Madress.		Enter Florida st	reei address	
	PORT CHAI	RLOTTE	, Florida 33954	1
		City		ip Code
New Registered Agent's Signature, if changing Re-	gistered 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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	BRENNEN RUEFF	22490 MADELYN AVENUE,	C]Add
		PORT CHARLOTTE, FL, 33954	□Remove
			
AMBR KRYSTEN S RUEFF	KRYSTEN S RUEFF	22490 MADELYN AVENUE	
	PORT CHARLOTTE, FL, 33954	□Remove	
			= Change
		:	□Add
		,	□ Remove
		·	□Change
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	en skipt i steren er Til til til til til til til til til til t		Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date, if other than the date of filing:
If an eff Note: docum	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sent's effective date on the Department of State's records.
recon d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Juty 2nd
_	
	Signature of a member or authorized representative of a member
	H
	BRENNEN RUEFF

Filing Fee: \$25.00