Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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fo:		• • •
Division of Corporations		•
Fax Number : (850)617-6383		
roft:		
Account Name : ROBERT GRAHAM CPA, LLC	**	
Account Number : 120070000089		= .
Phone : (813)268-4193		,
. Fax Number : (813)830-7415		17 -
**Enter the email address for this business enti- annual report mailings. Enter only one email Email Address: Admin Columbia	l address plo	for future
annual report mailings. Enter only one emai	n Cpc, c.	2m
Email Address: Admin@Tobertsprikes	1 address plom CPC, C.	2m
Email Address: Commo Columbia LLC AMND/RESTATE/CORRECT OF	1 address plom CPC, C.	2m
Email Address: Commo Toburt Grande LLC AMND/RESTATE/CORRECT OF BAKER'S AQUATIC SERVICE	address plom CPC, C. R M/MG RECES LLC	2m
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Email Address: Commo Toburt Grove LLC AMND/RESTATE/CORRECT OF BAKER'S AQUATIC SERVIC Certificate of Status Certified Copy	address plom CPa, C. R M/MG RE ES LLC 0 0	2m

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000095547 3)))

COVER LETTER

Division of Co	ection rporations			
	AQUATIC SERVICES LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.	•	
Please return all corresp	ondence concerning this matter t	o the following:		
	ROBERT GRAHAM			
		Name of Person	, ma	
	ROBERT GRAHAM CPA	LLC	- <u>- </u>	·
		Firm/Company	. 21	i
	1518 NORWICK DRIVE		σ :	
		Address	ب ہ.	•
	LUTZ, FL 33559		् <u>ग</u> ति	
	ADMIN@ROBERT GRAH	City/State and Zip Code IAM CPA.COM		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please co	all:		
ROBERT GRAHAM		813 260-4103 at ()		
Name	of Person	Area Code Daytime	Telephone Number	
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)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMEN ((H19000095547 3))) TO ARTICLES OF ORGANIZATION OF

BAKER'S AQUATIC SERVICES LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Linbility Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000189200</u>	were filed on 10/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BAKER'S PROPERTY MAINTENANCE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address ber	9.33 (or bett Rd. Lithia, FL 39547 P.O. Box 972 Lithia, FL 33547 Office address on our records, enter the re:	35 rame of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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

MGR = Manager
AMBR = Authorized Member

Title	Name	<u>Address</u> LO	Type of Action
100 (100)	Melissa Baker	333 Corbett Rd. Lithia.	- 335 A ST Add.
			□ Remove
			Change
mgr	Melissa Bakar	333 Corbelt Rd. Lithia, FL	33547 ₁₃ Add
			□ Remove
		<u> </u>	Change
			□ Remove
			☐ Change
			☐ Remove
			□ Change
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			Change

If amending any other information, enter change(s) her	re: (Attach additional (19119000093547 3)))
<u></u>	
	. 22
	35
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be private. If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605.0207 licable statutory filing requirements, this date will not be listed as ds.
he record specifies a delayed effective date, but n The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of
Dated March 20	thorized representative of a member
Robert Alan Baker Typed or pri	

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Filing Fee: \$25.00