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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cristy Clear Pools Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Cristy Clear Pools LL.
9801 NW 70 th of Tameriac F/ 33001
City/State and Zip Code  Donie Voungman ago/ Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 4-15-1490  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate o
(additional exp) is divined)

### MAILING ADDRESS:

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

_ Cristy Clear Pools	L.L.C
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li  Laun Enforcement Profes The new name must be distinguishable and contain the words "Limited Li	
Enter new principal offices address, if applicable:	9801 NW 70th ST
(Principal office address MUST BE A STREET ADDRESS)	Tamarac Fl 33321
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9801 NW 701h St Tamajac FL 33321
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	7 <b>0C7</b>
New Registered Office Address:	Finter Florida street address
· 	N/A Florida
	Ciri   Zip Gode

New Registered Agent's Signature, if changing Registered 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.

MA ,

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
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more the ote:  If the date inserted in this block does not meet the applicable statutory filing requestion of the date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
ated october 11th, 2017	
	member —

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Filing Fee: \$25.00