117000129621

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	<u>. </u>
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
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2017 NOV =8 PR 2: 24 SECRETARY OF STATE

K. SALY NOV 13 2017

COVER LETTER

		stration Sec sion of Corp				
CUB ID		OCD PRESS	SURE WASHING, LLC			
SUBJEC	JI: ͺ		Name of Limi	ted Liability Company		
The encl	osed	Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please re	tum.	all correspor	idence concerning this matter t	to the following:		
			Dana Wallach			
				Name of Person		
				Firm/Company		
			19135 US HWY 19 N. K2			
			Address CLEARWATER, FL 33764			
		City/State and Zip Code ADORAPOOL@GMAIL.COM E-mail address: (to be used for future annual report notification)				
For furth	ner in	formation co	oncerning this matter, please ca	·	Offication	
DANA '	WAI.			727 773- 7 923		
		Name of	Person	Area Code Day	time Telephone Number	
Enclosed	d is a	check for th	e following amount:			
\$25.	00 F	iling 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 ADDRESS:

TO:

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

ZOIT NOY B PA 2: 24.

TALLAHASSEE. FLORIDA

OCD PRESSURE WASHING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

EL 17000129621	were filed on 6/14/17	and assigned
Florida document number L17000129621		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
ADORAPOOL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19135 US HWY 19 N. K2	
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL 33764	
Enter new mailing address, if applicable:	19135 US HWY 19 N. K2	
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 33764	
registered agent and/or the new registered office address here	<u>2</u> :	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		3
		aZip Code
		aZip Code

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>	<u>Address</u>	Type of Action
AMBIS	ROBERT N. VANCE	19135 US HWY 19 N. K2 . CLEAR	∃ Add
		Clearwater, FL 33764	□ Remove
			Change
			Add
			Remove
			SECRETAR OF Add
			OF STATE Change
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inecti an eff	ve date, if other than the date of filing:
lote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
locum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	October 30, 2017. Yana Walland. Signature of a member or authorized representative of a member
)ated	$\frac{1}{2}$, $\frac{1}{2}$
	No. O. Pro. of

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00