L180000111102

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COVER LETTER

TO: Registration Se Division of Cor				
J&PRen	nodeling "L.L.C"			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joanna Woroniecki			
		Name of Person		
	J & P Remodeling "L.L.C	C"		
		Firm/Company		B
	4 Pine Circle Pl.		₹. 2.	9H SP 2N D
		Address		.2=
	Palm Coast, FL 32164		-	• ;
	Joannaworoniecki@gma	City/State and Zip Code il.com		5. 00
	E-mail address: (to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
Regina Kaminski		386 597-5945		
Name c	of Person		ne Telephone Number	_
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Enclosed is a check for t		FI 655 60 F.P. F., 6		-
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y
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MAIL	ANG ADDRESS: ration Section	STREET/COUR Registration Secti		
Divisio	on of Corporations	Division of Corpo		
	lox 6327 assee, FL 32314	Clifton Building 2661 Executive C	enter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & P Remodeling "L.L.C" (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 Liability Company were filed on 1/12/2018 and assigned Florida document number _ L18000011162 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CRYSTAL CLEAR CLEANING POOL "L.L.C" The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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.

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 in effective date is listed, the date mu ote: If the date inserted in this b	st be specific and ca	nnot he prior	o date of filing	or more than 90	days after fi	ling.) F	ursuant to f	505.020
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September 8	:	2018						
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Filing Fee: \$25.00