

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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Note: DO NOT hit the REFRESH/REI OAD button on your browser from this page. Doing so will generate and her cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080: 00067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

40

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLEAR WATER CARE ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

713.

Help

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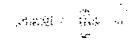
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clear Water Care Acquisition, LLC		
(Name of the Limited Liability Come (A Florida Limited	Pany as it no lappears on our records.)	
	Marie Control	
The Articles of Organization for this Limited Liability Compan	y were file on 05/07/2018	and assigned
1.18000110129		
Florida document number L18000110129	TENT	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
<u> </u>	4. 5	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
		~ ~
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u></u>
		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	(J)
B. If amending the registered agent and/or registered:	office address on our records,	enter the name of the ne
registered agent and/or the new registered office address he	ere:	
	₹.	
Name of New Registered Agent:	**	
New Registered Office Address:		<u> </u>
1 to 1 to planto to a state 1 to 1 to 1	Enter Florida street address	
	.m. . Flori	dя
· ————	City	Zip Code

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, Sixuature of New Registered Agent



If amending Authorized Person(s) authorized to manage, enter the time, 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
AMBR	Leopold Friedman	1000 Gates Ave	Add
		Brooklyn, NY 11221	Remove
			☐ Change
AMBR	CW Care Holdings, LLC	1000 Gates Ave	■ Add
		Brooklyn, NY 11221	Remove
		*** · · · ·	Change
		<u>#</u>	
			□ Remove
		<u> </u>	O Change
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change

amending any other information, ent				
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iffective date, if other than the date of fan effective date is listed, the date must be specified. If the date inserted in this block does locument's effective date on the Department.	2 HOF CHECK MIS ANNIA	MAIA AIMINING .	than 90 days after t equirements, this	iling.) Pursuant to 605.02 date will not be listed
ie record specifies a delayed effect The 90th day after the record is	tive date, but no filed.	ot an effective tim	e, at 12:01 a	.m. on the earlier
Dated May 15	2018			
		_		
Signatu	re of a member or auth	orized representative of	a member	
Raeesa Ibrahim				

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