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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
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Office Use Only



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AUG 1 5 2019 S. PRATHER



June 15, 2018

IVAN MELO 1420 CELEBRATION BLVD STE 200 CELEBRATION, FL 34747

SUBJECT: K&K POOL CLEANING SERVICE LLC

Ref. Number: L18000111361

We have received your document for K&K POOL CLEANING SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Ø

Letter Number: 318A00012540

COVER LETTER

Division of Cor	rporations		
SUBJECT: K	EK POOI C	Leaning Serviced Liability Company	Jice
	/ 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:	
	IUAA	Name of Person	
		Name of Person	·
	KEK-	POOL Cleaning	Service
		Firm/Company	
	1420- CC	elebration Bluo :	Ste 200
		Address	
	Celebration	City/State and Zip Code CELO @ CLO COM	
	Tuand	City/State and Zip Code	
		to be used for future annual report notil	fication)
		•	icadony
For further information of	concerning this matter, please c	all;	
Ivan	Hew	at (<u>347</u>) <u>247</u> Area Code Daytime	-8223
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for ti	he following amount:		
\$25.00 Filing Fee	☑ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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.

KEK POOL C	Cleaning	Service	-	<u></u> ځ
(Name of the Limited Lial (A Flor	bility Company as orida Limited Liabil	it now appears on ity Company)	our records.)	,
The Articles of Organization for this Limited Liability Florida document number <u>L 18000111361</u>		e filed on		and assigned
This amendment is submitted to amend the following	; .			
A. If amending name, enter the new name of the li	imited liability	company here:		
The new name must be distinguishable and contain the words "I	Limited Liability C	ompany," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	_			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		address on ou	r records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			 	
New Registered Office Address:		Enter Florida s	dayat addaya	
		emer riorida s		
	-	City	, Florida	Zıp 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, Signature of New Registered Agent

If almending 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>	Name	Address	Type of Action
Mar	IVAN MELO	5822- Guenevere ct	🖾 Ádd
		Saint cloud FC 34772	Remove
			Change
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	, if other than	the date of filing	= 7/14/		(opt	ional)	
tive date	ie is listed, the date	must be specific and is block does not m	neet the applicable				
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Filing Fee: \$25.00