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4M 2 1 20 19 J. HARRIS

COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT: 360	Poul Care L Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Kelscy	Pural Name of Person	
		Firm/Company	···
	1717 601	FSIDE VILLER BIV	<u>d</u>
	Apopka,	K1 33712	
	CISUMA 1 - E-mail address: (City/State and Zip Code F 217 C L W 100 . Com to be used for future annual report notif)
For further information co	oncerning this matter, please c		
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	c following amount:		
S25.00 Filing 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:

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

360 Pool Care	2,40	
(<u>Name of the Limited Liabit</u> (A Florid	ity Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number <u>L 1800 127557</u>	Company were filed on 500 18	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" (or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	ATTANAS ATTANAS S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		## 9: 23 F S ATE
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	City	zap Come

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	
MGR	Jeremy Purail	1717 Golfside Village Blud	⊠ Add	
	J	Apopla, fl 32712	Remove	
			Change	
AMBR	Kelsey Purall	1717 Golfside Village Blo	<u>√d</u> □ Add	
		Apopka (1 3)712	Remove	
			D Change	
			Remove	
		<u>.</u>	Change	
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			Remove	
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			Add D	
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated May 24 . 2018.
Held Hungely Gignature of a member or authorized representative of a member
Kelsey Purce 1 Typed or printed name of signee
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00