## 420000238252

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

Office Use Only



800350729438

08/21/20--01020--020 \*\*85.00

20.007 II. #MIH: 03

brund

**0CT** 1 5 2020 D CUSHING

## **COVER LETTER**

O:

Registration Section Division of Corporations

	n Kleen Pool Service LLC				
UBJECT:	Name of Li	mited Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
	Thomas Queen				
		Name of Person			
	Precision Kleen Pool Serv	rice LLC			
		Firm/Company			
	3901 NW 79TH AVE SU	ITE 245 #2015		20	포 문유
		Address	<del></del>	20 001	
	Miami, FL 33166			=	- 120-
		City/State and Zip Code		AM11: 03	300
	tom@precisionkleenpools.			=	<u>오</u> 음
		(to be used for future annual report notifi	cation)	03	
for further information	n concerning this matter, please	call:			
Γhomas Queen		863 398-7290 at ()			
Nam	e of Person	Area Code Daytime	Telephone Number		
Enclosed is a check fo	r the following amount:				
□ \$25.00 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 Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Section of Corp The Centre of Ta 2415 N. Monroe	orations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Precision Kleen Pool Service LLC

20 OCT 14 光氏 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on 8/06/2020 orida document number <u>L200</u>00238252 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: : new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address w Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

## GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
MBR	Alexander Queen		_ □Add
		3901 NW 79TH AVE SUITE 245 #2015MIAMI, FL 1	3: _ <b>≡</b> Remove
			_ Change
	<del></del>		_ □Add
		<del></del>	_ □Remove
			_ Change
<del></del>			_ 🗆 Add
		<del></del>	_ □Remove
			_ □Change
<del></del>			_ □Add
			_ ⊡Remove
			_ ⊡Change
			_ □Add
			_ □Remove
			_ □Change
		<del></del>	_□Add
			Remove
			_ Change

****	
e: If the date inserted i	han the date of filing:
ord specifies a delayed filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d October 14	2020
	Signature of a member or authorized representative of a member
	THOMAS Queen

Filing Fee: \$25.00