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COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: DEM Exotic Cleaning Pool and Spa Services LL	Ί,					
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Du'Kens Cleazard Name of Person						
Firm/Company						
234 8W 16 6T B						
Dania Beach, Fr 33004 City/State and Zip Code Dukens 0620 e amail com 19						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (154) 252.6554 Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (\text{additional copy is enclosed}) \$\Bigcup \$\text{Certified Copy} \\ (\text{additional copy is enclosed}) \$\Bigcup \$\text{S60.00 Filing Fee,} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						

Mailing Address:

✓ Registration Section **Division of Corporations** P.O. Box 6327 Tallahagana El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEM Exotic Cleaning Pool and Spa Services, LLC

(Name of the Limited Liability Company a) it now appears on our records.)

(A Florida Limited Liability Company)

112010001

The Articles of Organization for this Limited Liability C Florida document number <u>L210002021</u> d	ompany were filed on $\underline{\mathcal{L}}$	$ \mathcal{M} \mathcal{M} \mathcal{M}$	and assi	gned
Florida document number	<u>v</u> .c			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ntion "LLC" or the abbrev	iațion "L.I.	C."
P. A. Communication In Communication of annihilation		روز رسی فرر رسی فرر	<u>1922</u>	_
Enter new principal offices address, if applicable:		<u> </u>	- E	-::
(Principal office address MUST BE A STREET ADDR	(ESS)		<u></u>	
				<u>. </u>
			=======================================	
Enter new mailing address, if applicable:		<u>, 0</u>	<u>ن</u>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			=	
		·		
B. If amending the registered agent and/or registered	d office address on our record	ds, <u>enter the name of</u>	the new	registered
agent and/or the new registered office address here:				
Name of New Registered Agent:	<u> </u>			.
New Registered Office Address:				
	Enter Florida st	Enter Florida street address Florida		
	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 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
AP	Margarliel Dieuvie	lle	□Add
	J	234 SW 16th Gr Dania beachire 33004	Remove
			□Change
			□Add
			□Remove
		0 	20 Change DEC
	<u></u>		Add
			☐ Remove ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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Typed or printed name of signee