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(Reque	stor's Name)	· •
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(City/Si	ate/Zip/Phone	e #)
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Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Watson	a Pupl Cleaning Ser	vice 110	
30BJEC1:	n Pool (leaning Ser Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jar	Name of Person	
		rance or constr	
	Watson Poul (	leaning Service LL	.(
		FimiCompany	
	679 Green	Turtle Ct	_
	<del></del> -	Address	
	Geneva FL	32739	
		32732 City/State and Zip Code	
	Jinmy Rei	nopor H Qymail. Com to be used for future annual report not	
	E-mail address: (	to be used for fulfare annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Janes R	eingardt	at (561) 602-60 Area Code Daytin	.51
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 Addres		<u>Street Address:</u> Registration Sc	ection
Registration S  Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Γallahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Watson Pool Cleaning	Service LLC
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000</u> 561	inpany were filed on $04/04/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	5354 mill stream dr Soint Cloud FL 43771
Principal office address MUST BE A STREET ADDRES	ssy Saint Cloud FL 43771
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5354 mill stream dr ? Soint (loud FL 43771)
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: Rei	instein Group LLC
New Registered Office Address: 67	9 Green Tuitle Ct, Geneva FL 32732 Enter Florida street address
	Geneua Florida 32732 Zip Code
	City Zip Code
	1 # c

## 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
AMBR	Aaron Watson		□Add
			□Remove
		5354 mill Hran Iv, St Cloud FL 4377	1 Change
AMBR Reinstein Group LLC	679 Green Turtle ct, Geneva FL 3273	2 DAdd	
		□Remove	
		□Change	
AMBR RSDE Group LLC	234 Tullis Ave Longwood FL 32756	IZAdd	
		□Remove	
		Change	
AMBR Maked Advertising Lic	5525 Wishing Star LyGreinacres FL 33	463 🗹 Add	
			□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recorecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	November 7th 2024
	Am
	Signature of a member or authorized representative of a member
	Aaron Wo.tson Typed or printed name of signee
	Typed or printed name of signee

• •

TO 17 00 5 0/