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## **COVER LETTER**

TO:

TO: Registration 5 Division of Co			
SUBJECT: <u>CRY</u>	STAL CLEAR	POOL CLEANI	NG LLC
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return ali corresp	ondence concerning this matter	to the following:	•
	JO5EPH	ROWE Name of Person	
	CRY5TAL	CLEAR POOL Firm/Company	CLEANING, LLC
	4047 SAF	SUCKER LOOP Address	· · · · · · · · · · · · · · · · · · ·
	SANFORD	FL 3277 City/State and Zin Code TWE ( GMA/)	3
	DAND CR	DWE WGMA/O	
For further information	concerning this matter, please ca	ıll:	
JOSEPH Name	ROWE of Person	at ( <u>407</u> ) <u>467</u> Area Code Dayting	7 - 5028 e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 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 Division of (P.O. Box 63) Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			CLEANING.		
( <u>Name</u>	e of the Limited L (X F	iability Comp lorida Limited	any as it now appears or ( Liability Company)	ur records.)	

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L 22,000171416</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
~A		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "L1 C" o	r the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
	****	
Enter new mailing address, if applicable:	4047 SAPSUCKE	R LOOP
(Mailing address MAY BE A POST OFFICE BON)	4047 SAPSUCKE SANFORD, FL	32773
		26 Em
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
		<u> </u>
Name of New Registered Agent: 305	EPH ROWE	를 <b>되는 후</b>
New Registered Office Address:	A	
	Enter Florida street address	
	, Flori	da
	City	da 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 Changing Registered Agent, Signature of New Registered Agent

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

MGE = Manager AMBR = Authorized Member

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID THOMAS ROWE	4047 SAPSUCKER LOOP	TAdd
		5ANGOR, FL 32773	/.Remove
			DChange
MGR	JOSEPH ROBERT ROWE	4047 SAPSUCKER LOOP	
		SANFORD, FL 32773	IRemove
			I'Clange
-			T.Add
			TRemove
			TChange
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reffective date is listed	er than the date of filing:
<u>te:</u> If the date inser	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed late on the Department of State's records.
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	Joseph Rowe