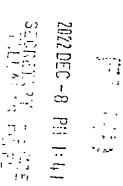
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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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Special Instructions to Filing Officer:	
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Office Use Only





## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT:	Rame of Lim	thing Socures	llc.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Judit	L. Abole of Derson	
	MR Pool	Cleaning Se	ervices, LLC
	1903 N.F	. 2nd Place Address	
	Copec	ORAL FLOCIDES City/State and Zip Code	33909
		s b Stengo @ Gma to be used for future dinual report notifi	11. Com CEC -8
For further information c	concerning this matter, please c	all:	φ
Subit L. A	Hostengo		-7392 Telephone Number
Enclosed is a check for t	he 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 Address Registration 9 Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations
P.O. Box 632 Tallahassee, 1		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ed Liability Company as it now appears (A Florida Limited Liability Company)

Florida document number <u>L 22000471982</u>	y were filed on two most of 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1908 N.E. 200 Place
(Principal office address MUST BE A STREET ADDRESS)	CARE CORN, Florida 33990
Enter new mailing address, if applicable:	2022 DEC
(Mailing address MAY BE A POST OFFICE BOX)	TE SE
	<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent: P(5)	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>

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 adde or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MCR	Justit L. Abstengo	1908 N.E. 8 Place	□Add
		Cape Coral, Fl 33990	ERemove
			□Change
MGR	Judit L. Abstenge	1908 N.E. 200 Place	\(\overline{\sqrt{Add}}\)
		CARE CORAL FI 33990	□Remove
			□Change
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			7022 UTC
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ffective date, if other an effective date is listed, the	than the date of filing he date must be specific and I in this block does not me e on the Department of St	cannot be prior to date of the eet the applicable statut	iling or more than 90 days a	otional) fter tiling.) Pursuant to 605.020 this date will not be listed a
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(ote: If the date inserted ocument's effective date record specifies a delaye	ed effective date, but not a	an effective time, at 12:	01 a.m. on the earlier of:	(b) The 90th day after the
Tote: If the date inserted ocument's effective date	0).	an effective time, at 12:		(b) The 90th day after the